



**JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA REQUEST**

TO: Board of County Commissioners
Josh Peters, Interim County Administrator

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

DATE: July 7, 2025

SUBJECT: Agenda Item – Contract Agreement with Kitsap Public Health District for Nurse Family Partnership Supervisor; July 1, 2025 – June 30, 2026; \$63,000

STATEMENT OF ISSUE:

Jefferson County Public Health (JCPH), Community Health, requests Board approval of the Contract Agreement with Kitsap Public Health District (KPHD) for Nurse Family Partnership Supervisor; July 1, 2025 – June 30, 2026.

ANALYSIS/STRATEGIC GOALS/PROS and CONS:

This Agreement allows JCPH to continue its participation in the evidence-based Nurse Family Partnership (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.

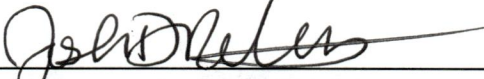
FISCAL IMPACT/COST BENEFIT ANALYSIS:

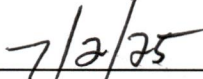
The Contract Agreement is based on an annual fee for NFP nursing supervision and varies depending on the number of nurses. Calculation for the cost of the supervisor includes total salaries and benefits, based on 36 hours per week, and overhead. This cost will be shared between the Contractor and Jefferson 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 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 \$63,000 and has been budgeted through the Department of Children Youth and Families (DCYF) contract.

RECOMMENDATION:

JCPH management request approval of the Contract Agreement with KPHD; July 1, 2025 – June 30, 2026.

REVIEWED BY:


Josh Peters, County Administrator


Date

CONTRACT REVIEW FORM

Clear Form

(INSTRUCTIONS ARE ON THE NEXT PAGE)

CONTRACT WITH: Kitsap Public Health District

Contract No: N-25-032

Contract For: Nurse Family Partnership, Supervisor

Term: 7/1/2025 - 6/30/2026

COUNTY DEPARTMENT: Jefferson County Public Health

Contact Person: Denise Banker

Contact Phone: x 438

Contact email: dbanker@co.jefferson.wa.us

AMOUNT: \$63,000.00

PROCESS:

- ☒ Exempt from Bid Process
- ☐ Cooperative Purchase
- ☐ Competitive Sealed Bid
- ☐ Small Works Roster
- ☐ Vendor List Bid
- ☐ RFP or RFQ
- ☐ Other: _____

Revenue: _____

Expenditure: \$63,000.00

Matching Funds Required: _____

Sources(s) of Matching Funds: _____

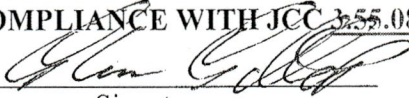
Fund # _____

Munis Org/Obj _____

APPROVAL STEPS:

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

CERTIFIED: ☒ N/A: ☐



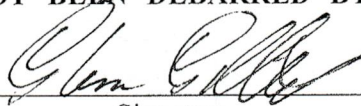
Signature

June 26, 2025

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

June 26, 2025

Date

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

Electronically approved by Risk Management on 6/27/2025.

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

Electronically approved as to form by PAO on 6/26/2025.
Standard PSA language. Includes mediation provision in dispute resolution Section 12, but low risk given ongoing contract.

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
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 July 1, 2025, and continue through June 30, 2026, unless terminated as provided herein.

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

Lynn Pittsinger, 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 \$63,000.00.

- 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**

The Contractor shall defend, indemnify and hold the County, its officers, officials, employees, agents and volunteers (and their marital communities) harmless from any claims, injuries, damages, losses or suits, including attorney's fees, arising out of or resulting from the acts, errors or omissions of the Contractor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the County. Should a court of competent jurisdiction determine this Agreement is subject to RCW [4.24.115](#) if liability for damages occurs arising out of bodily injury to persons or damages to property caused by or resulting from the concurrent negligence of the Contractor and the County, its officers, officials, employees, agents and volunteers (and their marital communities) the Contractor's liability, including the duty and cost to defend, shall be only for the Contractor's negligence. It is further specifically understood that the indemnification provided constitutes the Contractor's waiver of immunity under Industrial Insurance, Title [51](#) RCW, solely for the purposes of this indemnification. This waiver has been mutually negotiated by the parties. This section shall survive the expiration or termination of this Agreement.

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 coverage; (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 _____ DAY OF _____, 2025.

JEFFERSON COUNTY WASHINGTON

KITSAP PUBLIC HEALTH DISTRICT

Board of County Commissioners
Jefferson County, Washington

By: _____
Heidi Eisenhour, Chair

By: Yolanda Fong
Yolanda Fong (Jul 1, 2025 13:38 PDT)
Yolanda Fong, Administrator

By: _____
Greg Brotherton, Commissioner

Date: 07/01/2025

By: _____
Heather Dudley-Nollette, Commissioner

SEAL:

ATTEST:

Carolyn Gallaway,
Clerk of the Board

Approved as to form only:

Philip C. Hunsucker for 06/26/2025
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

Nurse-Family Partnership® Model Elements

Revised June 2025

Introduction

Nurse-Family Partnership® (NFP) nurse home visitors and nurse supervisors implement the program with integrity to the NFP model. Integrity is the extent to which there is adherence to the model elements. Applying the model elements in practice 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 clinical trials and outcomes from ongoing research on the program. In addition to applying the model elements to implementation, integrity includes implementing partner organizations and nurse uptake and application of new research findings and new innovations as well as adjusting NFP practice to the changing context and demographics of NFP clientele.

Element 1	Client participates voluntarily in the Nurse-Family Partnership program.
Description	Nurse-Family Partnership (NFP) services are designed to be supportive and build self-efficacy. Voluntary enrollment promotes building trust between the client and nurse home visitor. Choosing to participate empowers the client. Involuntary participation is inconsistent with this goal. It is understood that implementing partner organizations may receive referrals from the legal or welfare system, health care providers and others 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 nurse home visitor without any pressure to enroll.
Element 2	Client is a first-time expectant parent.
Description	A first-time expectant parent is a person who has no previous live births. Nurse-Family Partnership (NFP) is designed to take advantage of the ecological transition, the window of opportunity, in a first-time parent's life. At this time of developmental change, a pregnant individual is feeling vulnerable and more open to support. Potential pregnant individuals who have experienced neonatal death, loss of custody or relinquishment within the neonatal period (first 30 days after baby's birth) may be eligible after thoughtful consideration by the nurse home visitor, supervisor, and nursing practice manager. If a client cannot parent the child and another person steps in and desires to continue with NFP, this may be allowed after thoughtful consideration by the nurse home visitor, supervisor, and nursing practice manager.

Note (Element 2)	When the program is introduced by a warm, engaging person in a health care setting individuals may be more likely to enroll. This exceptional customer service and warm introduction immediately establishes the value of the program. The University of Colorado Prevention Research Center (PRC) and Changent are collaborating with multiple NFP programs across the country to implement and evaluate enrollment of multiparous clients in NFP in a manner that meets the NFP eligibility requirements. As a result, multiparous clients in the NFPx approved programs that meet other enrollment eligibility may enroll in NFP.
Element 3	At enrollment, clients are affected by at least one risk factor in category 1 and one risk in category 2 below: 1. Socioeconomic inequity, limited financial resources or under 18 years of age; and 2. Health inequity, risk factors for poor key health outcomes.
Description	The client is susceptible to systematic differences in key health outcomes on the Client Profile Report driven by social, economic, and environmental disadvantages. These differences stem from factors related to age, racial discrimination, susceptibility to negative birth outcomes, educational attainment, employment status, economic hardship, housing instability, physical or mental health, substance use, intimate partner violence (IPV), adjustment to the caregiver role, developmental or intellectual limitations, and/or child welfare or foster care involvement.
Element 4	Client is enrolled in the program early in pregnancy and receives the first home visit by no later than the end of the 28th week of pregnancy.
Description	A client is enrolled when the first visit is completed, 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 implementing partner organization policy. 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. Early enrollment provides the opportunity for nurses to understand the individual's challenges with navigating healthcare systems and getting the care they need and helping them advocate for themselves.
Note	Changent actively helps with potential client recruitment through google ads that are run nationwide. Clients contact Changent and are referred to the appropriate NFP program. The PRC and Changent are collaborating with multiple NFP programs across the country to implement and evaluate enrollment of Late Registrants in NFP in a manner that meets the NFP eligibility requirements. As a result, Late Registrant clients in the NFPx approved programs that meet other enrollment eligibility may enroll in NFP.

Element 5	One client is present at a visit.
Description	Clients are visited one nurse home visitor to one client. The client may choose to have other supporting family members/significant other(s) in attendance during scheduled visits. If another NFP client is present in a visit at the index client's request only the index client is included in the encounter and the encounter form is only completed on the index client. In particular, when possible and appropriate, the father of the baby and the client's partner are encouraged to be part of visits. Some implementing partner organizations have found it useful to have other nurse home visitors on their team accompany the primary nurse home visitor at times 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 cannot take the place of the individual visits and cannot 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 the home as defined by the client, or in a location of the client's choice.
Description	The program is delivered in the client's home, which is defined as the place where the client is currently residing or as otherwise defined by the client. Home can be a shelter or a situation in which they are temporarily living with family or friends. Visiting the client and child in the home allows the nurse home visitor a better opportunity to observe, assess and understand the client's context and challenges within the home situation, however, the client makes the choice of visit location. It is understood that there may be times when the client's living situation or their work/school schedule make it difficult to see the client/child in the home and the visit needs to take place in other settings. In addition, a client and nurse home visitor may agree based on client strengths and needs and context that some visits could be made through a telehealth approach. Other situations, such as natural disasters or pandemics, may necessitate visits outside of the home and via telehealth.
Element 7	Client is visited throughout their pregnancy and the first two years of the child's life in accordance with a planned or recommended visit schedule based on assessment of client need and agreed upon between the client, nurse home visitor and supervisor.
Description	Clients in the randomized clinical trials were seen on a planned schedule that allowed flexibility. NFP studies have shown increased client retention when the visit schedule is adjusted to client needs. Historically, the standard NFP visit schedule included prenatal visits occurring once a week for the first four weeks,

Element 7 Description (Cont.)	then every other week until the baby is born. Postpartum visits occurred weekly for the first six weeks and then every other week until the baby is 21 months. From 21-24 months visits occurred monthly. This schedule may work for some clients. To meet the needs of the individual family, the nurse home visitor may increase or reduce the frequency of visits and is encouraged to visit in the evening or on weekends based on nursing assessment and client request. A significantly decreased schedule or an adjusted visit schedule over the course of the program or a "vacation" from the program, approved by the nurse supervisor, may be used to meet the client's needs and retain the client in the program.
Element 8	Nurse home visitors are registered nurses with an Associate Degree in Nursing or higher. Nurse supervisors are registered nurses with a Bachelor's Degree in Nursing at minimum, Master's Degree preferred. Both have an active RN license, complete required NFP education and demonstrate strong interpersonal skills through their application of nursing process, professional judgment, and theoretical frameworks (Self-Efficacy, Human Ecology, and Attachment). They utilize screening tools, assessments, and NFP Visit-to-Visit Guidelines to individualize care across program domains according to each family's needs.
Description	Nurse home visitors are registered nurses with an Associate Degree in Nursing at minimum and have an active RN license. Nurse supervisors are registered nurses with a Bachelor's Degree at minimum, Master's Degree preferred. When hiring, it is expected that nurse home visitor and nurse supervisor candidates will be evaluated based on their individual background and levels of knowledge, skills and abilities, taking into consideration the nurses' experience and education. Both education and experience are important. The most fundamental quality that nurse home visitors possess is the ability to develop trusting relationships with clients and their families. Key interpersonal attributes interconnected with building trusting relationships are: Caring: Caring is a core characteristic of many who choose a career in nursing, and it is essential for nurses who work in this program. Clients need to feel warmth from their nurse home visitor as the foundation for building a trusting relationship. Listening: Interactions between NFP nurse home visitors and their clients depend on the nurse's ability to listen attentively to their client's experience and to use that information as the starting point for guiding them going forward. Clients who experience their nurse home visitor as someone who tells them what they need or as someone who simply provides education will not gain the full benefit of NFP. Empathic: NFP needs nurses who can take the perspective of others and deeply understand their experiences. Empathic nurse home visitors are experienced by clients as nurses who want to know their stories as opposed to judging them.

Description Element 8 (Cont.)	Respectful: Building relationships requires a respectful approach to connecting with parents whose life experiences may differ from those of the nurse home visitor. Providing respectful and culturally sensitive care and services is essential for forming effective nurse-client relationships. Desire to Serve Families: Nurses working in this role must want to serve parents and children experiencing concentrated and overlapping barriers to accessing the care they need due to social, economic, and environmental disadvantages. Nurses in this role support parents to protect the health and well-being of their children and themselves. Commitment to Forming Relationships: Nurses who stay with NFP often feel passionate about building and maintaining relationships with a diverse range of clients. Not surprisingly, their clients are more likely to stay with the program. Other important interpersonal attributes include optimism with a growth mindset, the ability to champion and believe in others' self-efficacy, and self-reflection to understand and challenge one's own biases. In addition, successful NFP nurses find value and meaning in their work. They are collaborative, flexible, able to work autonomously, and demonstrate resourcefulness. NHVs are required to apply nursing judgment, nursing skill and utilize the nursing process, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to apportion time across the defined program domains and tailor the program to the strengths and needs of each family.
Element 9	Nurse home visitors and nurse supervisors participate in and complete all education required by Changent. In addition, a minimum of one current Nurse-Family Partnership administrator participates in and completes the administration orientation required by Changent.
Description	Changent requires all nurse home visitors, supervisors, and at least one administrator who provide NFP services to participate in and complete all NFP education required for their position in a timely manner as described in the agreement with Changent. Changent may modify its education requirements when it is determined necessary to implement the program with integrity to the NFP Model.
Element 10	A 1.0 FTE nurse home visitor carries a caseload of 21 to 25 active clients.
Description	Understanding that clients experiencing multiple adversities benefit the most from NFP, and the expectation that nurses are serving these families. Nurse supervisors are expected to use critical thinking, nursing judgement and data to assess the complexity of a nurse's caseload to inform caseload. It is expected that nurses carry a caseload ranging from 21-25 active clients. It is understood that caseload size will vary from time to time. Seeing clients living with high and overlapping

Description Element 10 (Cont.)	adversity may impact caseload. Adversity is captured through nursing assessment using the Strengths and Risks Framework, and nursing judgement. Supervisors work with the team to maintain full caseloads after the caseload building period. A minimum of a 20-hour work week is required for nurse home visitors to become proficient and maintain proficiency in the delivery of the program model. Supervisors work with NHVs to ensure that they maintain caseload while seeing clients with overlapping adversities and who are most likely to benefit from NFP. * Active clients are those who are receiving visits with the visit schedule, location, and content plan established by the client and the nurse. The expectation, based on NFP best practice for maintaining client engagement, is that visits occur at least every 90 days. New nurse home visitors build a caseload of 25 over the first 9 months of service following completion of Unit 2. Client engagement is a critical component to realize the outcomes of the NFP program; therefore, 90 days should not be interpreted as a required point of client dismissal. Efforts to engage the client may continue past 90 days up to 180 days. Active client for reporting purposes is defined as 180 days.
Element 11	Nurse-Family Partnership implementing partner organizations are required to employ an NFP nurse supervisor at all times.
Description	An NFP nurse supervisor is a registered nurse with a license in good standing. The supervisor must possess a Bachelor's Degree in Nursing, and a Master's Degree in Nursing or related field is preferred. Given the expectation for one-to-one reflective supervision, program development, referral management and other administrative tasks it is expected that a 1.0 FTE nurse supervisor will provide supervision for up to eight individual nurse home visitors. It also is assumed that other administrative tasks may be included in time dedicated to NFP, including the supervision of some additional NFP administrative, clerical or interpreter staff. The minimum time for a nurse supervisor is 20 hours a week for a team of up to four individual nurse home visitors. An NFP supervisor that does not come with NFP experience works with their nursing practice manager to co-create an individualized professional development plan focused on the NFP model and NFP nursing. NFP supervisors who do not have direct NFP experience may benefit from serving one to two clients.

Element 12	Nurse supervisors provide nurse home visitors clinical reflective supervision, demonstrate integration of the model components, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical reflective supervision, case conferences, team meetings and field supervision.
Description	To ensure that nurse home visitors are clinically skilled and supported to implement the Nurse-Family Partnership program, nurse supervisors provide clinical supervision with reflection through specific supervisory activities. These activities include: <u>One-to-one clinical reflective supervision:</u> The nurse home visitor and nurse supervisor meet weekly for one-hour for the purpose of reflecting on a nurse's thoughts, feelings, insights about clients, relationships with families, visits, and their own nursing practice. Reflective supervision includes an integrative approach for supporting nursing practice while also considering model integrity. Reflective supervision also includes conversations about nurse's professional development with the supervisor identifying opportunities to highlight and enhance nurse's knowledge, skills, and reflective capacity. Supervisors use reflective practice principles as outlined in NFP education. Supervisors who carry a caseload will receive clinical reflective supervision from a qualified person other than the nurse home visitors they supervise. <u>Case conferences:</u> Meetings with the team dedicated to joint review of clients, using reflection for the purposes of supporting nurses in their work with families through exploration of therapeutic relationship and the nurse's experience of the care they are providing to meet individual family needs. Experts from other disciplines are invited to participate when such input would be helpful. Case conferences reinforce the reflective process and are to be held twice a month for one and one-half to two hours. <u>Team meetings:</u> Meetings held for administrative purposes, to discuss program implementation, complete professional development, and team building twice a month for at least one hour. Team meetings and case conferences alternate weekly to ensure the team meets at least weekly. <u>Visit Supervision:</u> Joint visits with supervisor and nurse home visitor. Following Unit 2, and every four months, nurse home visitors select 1-2 NFP proficiencies to focus on during the time between joint observations and Mastery Assessment and Plans (MAPs) coding for professional growth and development. In partnership with the nurse supervisor, nurse home visitors develop a professional development goal related to these selected proficiencies. Between joint visits,

Description Element 12 (Cont.)	nurse home visitors take steps by engaging in activities and implementing strategies to support achievement of their professional development goals. Every four months the supervisor participates in a visit with each nurse home visitor to at least one client and additional visits on an as needed basis at the nurse home visitor's or supervisor's request. At a minimum, time spent should be two to three hours per nurse home visitor every four months. Some supervisors prefer to spend a full day with nurse home visitors, enabling them to comprehensively observe the nurse home visitors' typical day as well as visit, time and case management skills and charting. After joint visits, the nurse home visitor and supervisor reflect on how the visit went. They review the one or two selected proficiencies and collaborate to determine the coding for each example demonstrated on the MAPs coding form. Post visit reflection is completed within the framework of the NFP nurse home visitor standards and proficiencies.
Element 13	Nurse home visitors and nurse supervisors collect data as specified by the NFP program and ensure that data are accurately entered into the NFP data collection system in a timeframe aligned with NFP data requirements. Nurse home visitors and nurse supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program integrity, and inform clinical practice and supervision.
Description	NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program integrity, and inform clinical practice and supervision. Data are collected accurately, entered into the NFP data collection system and subsequently used to inform practice. If data are entered into a third-party data system, data must be transferred to the Changent in a form and format and on a schedule that meets NFP specifications. Data are used to inform improvements in program implementation and nursing practice with integrity to the model. The reports are tools by which nurse home visitors and supervisors assess and manage areas where system, organizational, and/or operational changes may be needed to enhance the overall quality of program implementation and operations and document clinical reflective supervision. Adequate organizational support and structure are in place to support nurse home visitors and nurse supervisors to implement the model with integrity.

Element 14	Nurse-Family Partnership Implementing Partner Organizations are well-positioned to understand community needs and collaborate with local stakeholders and community members to deliver responsive services.
Description	Implementing partner organizations are committed to providing visible leadership, internal and external advocacy, and sustained support for the NFP program within their communities. Dedicated to addressing community needs, implementing partner organizations build and maintain strong community partnerships that support high-quality implementation, promote program visibility, and advocate for long-term sustainability. A key strategy in this effort is the engagement of Community Advisory Boards (CABs), diverse groups of committed individuals and organizations who share a passion for the NFP program and bring a range of expertise, lived experience, and community connections to guide, support, and sustain NFP's efforts. These groups could be created specifically for NFP or an existing body with a shared mission and should meet at least quarterly. Ideally, CABs should consider the following representation: - Community members with lived experience - Health and social service providers - Education and early childhood representatives - Non-profit and community-based organizations - Local government and policy advocates - Funders and philanthropic organizations - Academic or research institutions focused on early childhood - Faith and cultural leaders - NFP program graduates
Description Element 14 (Cont.)	

Please find the 2025 Model Element Updates FAQ [here](#).

Nurse-Family Partnership is a program of Changent, a national organization that helps grow and support data-driven programs that ensure every child and family has what they need to be healthier.



Exhibit C

**Nurse-Family Partnership
Established Network Partner Annual Fees
Page 1 of 2**

The Nurse-Family Partnership National Service Office (NSO) is an independent nonprofit organization that exists to license and help replicate the NFP program. The NSO provides research, education, and supports implementation and improvements to ensure the model continues to produce positive results for families and communities in a rapidly changing society. As an independent nonprofit, the NSO receives no ongoing government funding and although it helps obtain and sustain funding network partners receive to implement the program, such as MIECHV, the NSO does not directly receive any of that funding. Fees represent a way for Network Partners to contribute to the overall shared costs of the NFP model they implement. Historically, fees have been set well below actual costs as generous private philanthropy has contributed the majority of the NFP Network's share of common NFP expenses. For the year ending September 30, 2022, total fees received represented only 31% of actual operating and capital expenditures. On average we estimate annual fees represent less than approximately 3% of program expenses.

Contract anniversary renewal date

01/01/2025-

12/31/2025

Annual Fees:

NFP Network Partner Licensing and Program Support *per team*

(Assessed annually based on contract date anniversary)

Two Nurse Home Visitor team	\$ 22,908
Three Nurse Home Visitor team	\$ 24,084
Four Nurse Home Visitor team	\$ 25,272
Five Nurse Home Visitor team	\$ 26,736
Six Nurse Home Visitor team	\$ 27,984
Seven Nurse Home Visitor team	\$ 28,980
Eight Nurse Home Visitor team	\$ 30,192

"NFP Network Partner Licensing and Program Support" fees (formerly called annual program support and nurse consultation) are invoiced annually on the contract anniversary date. The number of Nurse Home Visitors per team is the number of funded nurse home visitor positions which will directly serve clients (whether a position is filled or currently vacant is irrelevant when determining team size). The above fees are consistent per team regardless of the number of teams at any location.

Date of event occurrence

01/01/2025-

12/31/2025

Expansion support fees:

per occurrence

Supervisor replacement	\$ 3,896
Team addition (same location)	\$ 22,696
Regional expansion	\$ 28,369

(continued)

**Nurse-Family Partnership
Established Network Partner Annual Fees
Page 2 of 2**

Education:

Date course ends

**01/01/2025-
12/31/2025**

per attendance

Nurse Home Visitor (NHV) Education (Unit 2)	\$	5,967
NHV Education Materials	\$	757
NHV Education, Unit 2 Supervisor Session	\$	938
NFP Agency Standard Administrator Education	\$	706
NFP Nursing Overview for Network Partners (Optional)	\$	329
NFP Program Supervisor Education (Unit 4)	\$	1,079

Fees for special data-related or 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 AR@nursefamilypartnership.org.

Changent
2026 Implementing Partner Organization Fees
Page 1 of 2

Changent is an independent nonprofit organization that licenses and helps replicate the Nurse-Family Partnership ("NFP") program. Changent provides research, education, and supports implementation and improvements to ensure the model continues to produce positive results for families and communities in a rapidly changing society. As an independent nonprofit, Changent receives no ongoing government funding and although it helps obtain and sustain funding network partners receive to implement the program, such as MIECHV, Changent does not directly receive any of that funding. Fees represent a way for Network Partners to contribute to the overall shared costs of the NFP model they implement.

Historically, fees have been set well below actual costs as generous private philanthropy has contributed the majority of the Changent Network's share of common NFP expenses. For the year ending September 30, 2024, total fees received represented only 48 % of actual operating and capital expenditures.

Contract anniversary renewal date

01/01/2026-
12/31/2026

Annual Fees:

(Assessed annually based on contract date anniversary)

NFP Network Partner Program Support per team

Two Nurse Home Visitor team	\$ 23,595
Three Nurse Home Visitor team	\$ 24,807
Four Nurse Home Visitor team	\$ 26,030
Five Nurse Home Visitor team	\$ 27,538
Six Nurse Home Visitor team	\$ 28,824
Seven Nurse Home Visitor team	\$ 29,849
Eight Nurse Home Visitor team	\$ 31,098

Contract anniversary renewal date

01/01/2026-
12/31/2026

NFPx Annual Support (Expanded Eligibility) per team

Two Nurse Home Visitor Expanded Eligibility team	\$ 3,585
Three Nurse Home Visitor Expanded Eligibility team	\$ 3,732
Four Nurse Home Visitor Expanded Eligibility team	\$ 3,881
Five Nurse Home Visitor Expanded Eligibility team	\$ 4,028
Six Nurse Home Visitor Expanded Eligibility team	\$ 4,181
Seven Nurse Home Visitor Expanded Eligibility team	\$ 4,328
Eight Nurse Home Visitor Expanded Eligibility team	\$ 4,476

Annual fees are invoiced annually on the contract anniversary date. The number of Nurse Home Visitors per team is the number of funded nurse home visitor positions which will directly serve clients (whether a position is filled or currently vacant is irrelevant when determining team size). The above fees are consistent per team regardless of the number of teams at any location.

Changent
2026 Implementing Partner Organization Fees
Page 2 of 2

Expansion support fees:

01/01/2026-
12/31/2026

per occurrence

Supervisor replacement
Team addition

\$ 4,013
\$ 23,377

Date course ends

Education:

01/01/2026-
12/31/2026

per attendance

Nurse Home Visitor (NHV) Education (Unit 2)
NHV Education Materials
NHV Education, Unit 2 Supervisor Session
NFP Agency Standard Administrator Education
NFP Nursing Overview for Network Partners (Optional)
NFP Program Supervisor Education (Unit 4)

\$ 6,029
\$ 765
\$ 947
\$ 713
\$ 333
\$ 1,091

Expanded Eligibility Education:

per attendance

Serving Late Registrants
Serving Multiparous Mothers
Serving Multiparous Mothers, NFP Supervisors

\$ 295
\$ 1,477
\$ 1,477

Education fees are invoiced when the course has concluded

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

For questions or additional information, please contact AR@Changent.org