



FIRST THINGS FIRST

Ready for School. Set for Life.

Cocopah Tribe Regional Partnership Council

Home Visitation

Scope of Work

Strategy Overview

A needs and assets assessment of the region has shown that parents and families of young children need access to information and education about child development and child health along with parent training and coaching that supports them to be their child's first teacher and to promote overall healthy family functioning. There is also a lack of capacity among available programs to meet the needs of eligible families in the region who may voluntarily choose to participate in addition to a limited geographic service area of available programs. In order to address these needs and fill the gaps in service capacity, the Cocopah Tribe Regional Partnership Council is seeking applicants to implement a home visitation strategy.

Research indicates that evidence based home visitation programs have been able to help families learn parenting skills, increase confidence in their skills, promote positive parent-child interactions and increase linkages with community services including health and social services. Family support is the foundation for enhancing children's positive social emotional development¹ and can help parents in supporting their child's language development and self-regulation abilities; both predictors of later school success. Parents and families need education and support to understand child development and health and to develop parenting skills as well as have access to resources to be the best parents possible.

A variety of home visitation program models exist and differ in many technical aspects, such as the target population, the experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention. Yet, the common ground that unites home visitation program models is the importance placed on the parent and family's pivotal role in shaping their children's lives and preparing them for school. Often the best way to reach families with young children is by bringing services to their front door. Through home visitation, parents can strengthen their

¹ Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

competence and confidence in their daily activities and interactions with their infant, toddler or preschooler while reducing isolation as families are made aware of and connected to community resources and early learning opportunities for their young child.

Evidence based home visitation models generally provide information and education about child development while training parents and families on developmentally appropriate parenting practices and skills. Research on home visitation indicates positive impacts such as increases in parent knowledge and improvements in attitudes toward parenting. Some models are also associated with changes in parent-child interactions as demonstrated in the reduction of rates of abuse and neglect. Home visitation can also promote maternal and child health. For example, very young teen mothers and mothers who smoke demonstrated decreases in pre-term births and decreased percentages in low birth weight when enrolled and participating in a program that included health information and supports prior to the baby's birth. The body of home visitation research also suggests an impact upon the child's development when models promote early language and emergent literacy (Deanna S. Gomby, 2003). Understanding that early learning takes place within the context of relationships and that parents and families are their children's first and foremost teachers, evidence based home visitation can positively impact school readiness by strengthening parent-child relationships and increasing parents' knowledge of child development and health so that they can best support their child's growth and development.

Target Population

The target population is 10 expecting parents and parents or families of infants and toddlers who live in the Cocopah region. With an average of 11 babies born each year in the region, this strategy has the potential of universal implementation by reaching all families in need of services within the target population.

Geographic Boundaries

The Cocopah Tribe Regional Partnership Council provides services in the communities of the Cocopah Tribe with the inclusion of Cocopah families living in Yuma County within the surrounding areas of the Cocopah Indian Reservation.

Programs funded under this agreement must provide services within the targeted areas as identified in this scope of work.

Assessment of Need

The Cocopah Tribe Regional Partnership Council has prioritized the need for parent education and family support that is culturally sensitive and specific to the needs of families and caregivers. The 2010 Needs and Assets Assessment identified inadequate prenatal and early childhood health care. With resources available, such as the Indian Health Services, WIC, and the Tribal Health and Maintenance Programs, assistance needs to be provided to connect families to those existing health resources. Keeping children

safe from abuse was reported in the 2007 Cocopah Head Start Survey as a high concern, and the need also arose to the top during the Funding Plan Community Meeting in September 2011. Additionally, there is no regulated care in the region for infants and toddlers, and many parents rely on family, friends, or neighbors to care for their young children. The Cocopah Tribe Regional Partnership Council is seeking to address the need for supports and services for families through the three components of home visitation through the Parents as Teachers model, parent education, and family caregiver training. The Home Visitation strategy seeks to give parents stronger, more supportive relationships with their children through in-home services on a variety of topics, including parenting skills, early childhood development, literacy and health, and also by connecting parents and caregivers with community resources to help them better support their child's health and early learning. The important characteristic of this strategy is that a culturally competent in-home visitor, who is trained in child development and physically located in the region, makes regular, scheduled visits to homes with expectant families and families with infants, or with young children, to provide information and resources and assist parents in their parenting skills. Parents will be guided through a developmental screening tool (i.e. Ages & Stages Questionnaire) that is conducted someplace where the child and parents feel comfortable, and parents will be asked questions regarding their observations of their child's development; upon receiving the results of the screening, support and education is provided to parents which includes referrals and ways to advocate for their child.

Implementation Requirements

Comprehensive, evidence based home visitation programs provide participating families of children under five with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. A variety of evidence based models exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, low income families. While programs can strengthen parent-child relationships throughout the early childhood years, targeted recruitment, enrollment and participation of families expecting their first child or who have a newborn can have the greatest, long term impact. "The first three years of life are a period of intense intellectual development during which the brain forms a foundation for later learning and development. High quality home visiting programs can be an effective service delivery method to support early learning in these years, ensuring that children succeed in school and beyond." Home Visiting Brief ZERO TO THREE 2009.

Home visiting professionals trained in child development and family support make regular, scheduled visits to each family's home -or other natural environments such as the library. Home visitors meet with the family and their young child or with a family expecting a child, to answer questions, provide information and resources, support and advise parents on parenting skills or assist in early detection of any developmental problems in the young child. The specialized skills and qualifications of home visitors are critical to the successful implementation of home visitation programs. Home visitors build trusting, professional relationships with each family. They observe daily routines and interactions to help parents

identify and interpret their child's cues and offer information, guidance and coaching so that families can best support and be responsive to their own child's growth and development.

Family participation in a home visitation program is voluntary, with no fee for service to families. A family-centered approach is utilized with consideration for each child's present level of development, parent/families knowledge and understanding of child development including social emotional, language and literacy, cognitive, physical and motor development current parenting practices, daily routines and interactions, or other information/ instructional needs.

Young children learn through the natural interaction of caregiving and everyday experiences. Early and rapid development of the components of language, including listening and understanding, communicating and speaking, and the emergence of early literary skills and abilities is evident in infancy and toddlerhood and families play the most critical role in supporting as their child's first and most important teacher. As infants and toddlers develop their ability to understand and use language to communicate, they also increase their skills and abilities in influencing others, which in turn affects their learning in all other domains. It is important that home visitation programs support each family with their young child's early language and literacy development in the context of social emotional development. A strong foundation in these critical areas of development can lead to good outcomes in other areas including cognitive, physical and motor development. The greater the needs and risk levels of the family, the greater the frequency and duration of home visits. Some home visitation models provide for weekly home visits, and can include parent-child playgroups located in community settings.

All programs will:

- ✓ Provide information and training for parents that will assist them in improving the skills to be their child's first teacher and strengthen parent-child relationships.
- ✓ Provide information or training on developmentally appropriate learning opportunities that support early language and literacy development which prepares children for success in school and life.
- ✓ Implement the program model in accordance with the First Things First Home Visitation Standards of Practice, Developmental and Sensory Screening Standards of Practice and the Child Protective Services (CPS) Policy.
 - As identified in the First Things First Home Visitation Standard of Practice, home visitors are required to have "a minimum of a Bachelor's degree in early childhood development, education, family studies, social work, nursing or a closely related field". The Cocopah Regional Partnership Council is particularly concerned that this requirement be met within a specified time-frame.

Additionally, the Cocopah Regional Partnership Council requires a partnership with Indian Health Services, Yuma Regional Medical Center, Cocopah Tribal departments, and other surrounding community services so that referrals are made that increase families' access to appropriate community resources. The Regional Partnership Council is also interested in the implementation of regular group meetings conducted for parents, grandparents, and family caregivers, to provide an opportunity for families to meet, share issues around parenting, and receive education on child development topics in a

community-based setting. It is a high priority of the Regional Partnership Council that the Home Visitation is carried out as preventive, voluntary and non-mandated.

First Things First School Readiness Indicators related to this strategy:

FTF is seeking successful applicants to implement this strategy and work collectively with FTF to impact the school readiness indicators below:

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical
- % of families who report they are competent and confident about their ability to support their child's safety, health and well being

First Things First Goal Area to be addressed:

- Family Support and Literacy

Program Questionnaire

A. Executive Summary

Provide a one (1) page narrative overview of the proposed project that includes the target service number, a brief summary of the program or strategy, how it will be implemented, and the capacity to implement this program and how success and outcomes will be measured. Also complete the First Things First Standard Data Collection Form.

B. Capacity for Addressing the Need and Implementing the Strategy Successfully

Provide a narrative description describing your organization's understanding of the needs and capacity to implement the proposed service, addressing the following:

- a) Describe the need(s) the proposed strategy will address and include data to support evidence of the need. Describe the assets that currently exist, within the region and organization, to address the need and support the proposed strategy.
- b) Identify capacity or infrastructure building which will be needed, including recruitment, hiring and initial training of staff that meet the education requirements and other requirements as identified in the First Things First Standards of Practice, agreements and partnerships with other agencies, additional resources, and training and technical assistance to provide the proposed service.
- c) Include the coordination and collaboration activities in which the organization is currently engaged and how this will support the proposed strategy.
- d) Identify personnel recruitment, qualifications and supervision. (Also complete the Key Personnel Overview)
- e) Describe plans to recruit and locate personnel within the geographical region of the provided service and that are linguistically and culturally competent for the population to be served.

C. Proposed Program or Strategy

Provide a description of the program being proposed, including the following:

- a) Provide a clear description of the proposed program/services including general duration of the program and the frequency and duration of home visits.
- b) Indicate whether this is a proven program or one with an evidence base and summarize the relevant research supporting it and how this model is relevant to the identified target population. Describe the curriculum to be implemented.
- c) If adapting a proven effective program, explain what the adaptations are and why they are being made.
- d) Describe how the Standards of Practice will be adhered to in program implementation including the staffing requirements i.e. educational requirements for home visitors. Please refer to the attached FTF Standards of Practice. Successful Applicants are required to follow this/these Standard of Practice when delivering services under this grant or contract. (Refer to the Standards of Practice for guidance on best practice requirements for this strategy.)
- e) Identify and describe the target population to be served by the proposed strategy, including:
 - Population demographics, i.e. all children birth through five, infants and toddlers, families of infants, early childhood professionals, etc.

- Target Service Number based on the Unit of Service(s) included in the scope of work above.
- How the strategy will meet the needs of the targeted population in terms of being culturally competent, linguistically appropriate, age appropriate and gender responsive.
- Recruitment and outreach efforts, engagement and retention practices for the targeted population.
 - i. Describe a plan for outreach, recruitment and enrollment activities with a priority for families who are expecting a child or who have a newborn, infant or toddler.
- f) Specific training that will be provided to existing and/or new staff, including how and when it will be delivered and how it will enhance skills necessary to implement this strategy effectively.
- g) Describe any anticipated barriers to implementation and your plans to overcome those barriers.

This narrative should provide context for the activities listed in the next section, Implementation Activities.

D. Implementation Activities

Using the Implementation Plan, describe the activities needed to operationalize the proposed strategy(ies), including timelines, responsibilities, and coordination activities.

E. Budget

The budget and budget narrative should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the proposed program budget. All budget forms must be signed by an authorized agency representative.

- a) Submit the Funds Requested Form. No additional narrative is required.
- b) Submit the Line Item Budget using only the budget categories listed on the form. No additional narrative is required.
- c) Submit the Budget Narrative using only the budget categories listed on the form.
- d) Submit the Disclosure of Other Funding. This list should include all other sources of funding currently received from other State or public agencies, Federal agencies, non-profit organizations and other sources that will be applied to the proposed program/strategy(ies). Note that statute A.R.S. §8-1183 provides for a prohibition on supplanting of state funds by First Things First expenditures, meaning that no FTF monies expended are to be used to take the place of any existing state or federal funding for early childhood development and health programs.
- e) Describe your organization's business management system by completion of the Financial Systems Survey. Attach the Financial Systems Survey to capture basic financial system/operational information to assess financial capacity early in the process. No additional narrative is required. As noted in the financial system survey, you are required to submit a complete copy of the most recent audited, reviewed or compiled financial statements as well as management letters and a schedule showing the TOTAL federal funds

(by granting agency) expended by your agency for the most recent fiscal year. NOTE THAT ONLY ONE COPY OF EACH OF THESE DOCUMENTS NEEDS TO BE INCLUDED WITH THE APPLICATION MARKED "ORIGINAL".

F. Data Collection

Describe in this section the plan and resources necessary to meet FTF basic reporting requirements, maintain data securely and confidentially, and ensure that ongoing data collection is used within the grantee institution to ensure fidelity and overall effectiveness. In this section, include discussion of:

- a) Who will have overall responsibility for the data collection, maintenance, and reporting. Be sure to include this person in your Key Personnel Overview.
- b) How the required data will be collected, maintained, and aggregated. Describe how you will ensure that data entered into the First Things First web-based database after it has been collected is accurate and timely. Describe what procedures will be in place to assure the quality of your data (e.g., training for data collectors, oversight of data entry, timeliness for administering tools, etc.)?
- c) If applicable, what is the anticipated approval process to collect and report data from tribal government programs?
- d) What resources (e.g., personnel, supplies, computer, etc.) will be needed to complete necessary activities related to data collection, maintenance, and security as well as the assurance of quality data input and data collection for the program? In addition to this narrative description, the funds dedicated to evaluation should be reflected in the budget and budget narrative in Section D above.
- e) Complete the Data Collection Form.

Performance Measures

Program Specific Data Collection

Grantees will be provided with data reporting requirements by First Things First and will meet the requirements of the evaluation including, but not limited to, timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data including the electronic submission (through First Things First secure web portal known as PGMS) of data identified in data reporting templates (which will follow the First Things First general orientation).

First Things First reporting requirements will be aligned with the Goals, Key Measures, and Performance Measures identified in each Scope of Work. The purpose of the First Things First data submission is to determine the extent to which the program has accomplished the stated goals and key measures, through reporting on program implementation as well as program outcomes (as appropriate and identified in the performance measures).

Grantees agree to participate in the First Things First evaluation and any program specific evaluation or research efforts. Grantees are required to collaborate with the First Things First longitudinal evaluation. The provider must participate in child assessment activities associated with the longitudinal evaluation including tracking and reporting to First Things First data pertaining to participant attendance, enrollment, and demographic information; all of which must be maintained in a secure and confidential manner. In addition, Grantees agree to follow First Things First and evaluation consultants of First Things First to observe program activities on site and obtain parent consent for data collection related to evaluation efforts.

Performance Measures are defined by First Things First to determine the key impacts of the strategies, programs and approaches being implemented. Grantees will collect and report data to First Things First on the progress of achieving the Performance Measures. Grantees will receive training on specific reporting requirements. Reporting requirements will be detailed and specific and aligned with the performance measures. Data must be submitted in its raw form (e.g., number of children served/proposed service number = 52 actual children served/50 proposed service number). Based on specific strategic objectives, data will be reported for subgroups, for example, one group of strategies may require reporting of the number of children from birth through five, whereas other strategies will need to report numbers broken down to number of infants, toddlers, and preschoolers. An additional example would be for type of Early Care provider or enrollment status. Examples of subgroups of Early Care providers are licensed with the Arizona Department of Health Services, accredited, regulated by Tribal authorities, etc.; examples of family enrollment statuses are newly enrolled, continuing enrollment, disenrolled.

Performance Measures for purposes of this Agreement are as follows:

- **Total number of families receiving home visiting services/proposed service number**
- Home Visitor caseload /proposed service number
- Family attrition/target service number
- Home visitor attrition/target service number
- Total number of children receiving home visiting services /proposed service number
- Total number of families receiving referrals for health insurance or health coverage enrollment/
target service number
- Total number of families receiving referrals for community based services/ target service number
- Total number of children receiving developmental screening/target service number
- Total number and percentage of families reported satisfaction with provided home visitation
services/total service number (minimum questions provided by FTF)