First Things First
Home Visitation Scope of Work

The current national and local economic crisis has increased the number of families facing tremendous challenges in providing for the well-being of their young children. Research indicates that children are at higher risk for abuse and neglect when families experience stress. To address this immediate need to support young children and families, the First Things First Board approved an Emergency Early Childhood Response plan at its February 23, 2009 meeting. The plan allows Regional Partnership Councils to expedite funding for home visitation programs that prevent child abuse and neglect.

The La Paz/Mohave Regional Partnership Council has identified the need for implementation of the following strategy: Support, enhance and implement home visitation programs and services that provide parents and caregivers access to information, resources and high-quality social support.

The intended target population of this funding opportunity is families with children birth to five years. Service providers should target at risk and vulnerable populations, including low-income families, pregnant and parenting teens, underserved populations or those not currently served, families living in isolated geographic areas, families with children with special needs, families involved with substance abuse, mental health issues, family violence, the court system and children of incarcerated parents. Service providers should also target those families not currently served through existing home visiting efforts in the Region.

A needs and assets assessment of the Region has shown that there is a lack of sufficient quality family support. There is also a lack of capacity among available programs to meet the needs of all families in the Region in addition to a limited geographic service area of available programs. In order to address these needs, the La Paz/Mohave Regional Partnership Council is seeking current home visitation service providers who are interested in providing home visitation strategies in the Region.

At birth the brain is about one-quarter of full adult size, by the age of two, the brain is not only bigger, but complex connections have been made between cells. Brain size is only a small part of the story. It is the connections between brain cells that help young children control their bodies and learn about their worlds. Young children need stimulation and interaction throughout their lives, but lack of enrichment can be most damaging in the very early years. Connections in the brain become stronger when they are used often, and connections that are not used die away in childhood and early adolescence. Babies and young children need stimulation to develop socially, emotionally, and intellectually.[1] Children who experience sensitive, responsive care from a parent performs better academically and emotionally.

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[1] **Shonkoff, J. P. *(2008).* The Science of Child Development and the Future of Early Childhood Policy. Presented at the National Symposium on Early Childhood Science and Policy. June 26, 2008. **http://www.developingchild.harvard.edu/**

Research suggests that the best home visiting programs have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services. Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect.

Family support is the foundation for enhancing children's positive social and emotional development.[2] Parents and families need education and support to understand child development and health and to develop parenting skills as well as having access to resources to be the best parents possible.

Implementation Requirements:
Service providers must address these specific Goals and Key Measures:

First Things First Goal Area to be addressed:
- Family Support.

First Things First Goals to be addressed:
- First Things First will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- First Things First will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.
- First Things First will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

First Things First Key Measures to be addressed:
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.
- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health.
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.
- Total number and percentage of children with health insurance
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children
- Total number and percentage of children receiving appropriate and timely well-child visits
- Ratio of children referred and found eligible for early intervention.

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[2] Meeker, Elizabeth and Levision-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

The primary focus of home visiting services is clearly to promote effective parenting. Home visitors may also focus on the importance of early education for young children/parent's role as a child's first teacher, positive discipline, how to develop a supportive social network, proper nutrition for all families members, encouraging families to enroll in health insurance, receive prenatal care and seek out a consistent medical home in order to receive timely medical and oral health preventive care. Families often have difficulties accessing and organizing needed community services. Families may not be aware of their eligibility or the application paperwork may be onerous. Families may struggle with the practical difficulties of using public transportation to meet service appointments.

The home visitor works with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

All service providers must demonstrate how the proposed strategy follows the First Things First Standards of Practice for Home Visitation, attached.

Home visitation programs must be comprehensive to improve parenting skills and child development and health outcomes. Programs may include various levels of intensity designed to meet the needs of the children and families. Using a family-centered and strength-based approach in natural environments, these programs will:

1. Engage the family to assess their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or may use First Things First recommended tools including Life Skills Progression (LSP) or Infant-Toddler and Family Instrument (ITFI).
2. Help families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family. Plan should include outcomes and activities for the family, frequency and duration of home visits and a plan for transition from home visitation.
3. Conduct regular developmental screenings using a standardized or criterion-referenced tool at 9, 18 and 24 months of age for all of the following developmental domains: cognitive, language, social-emotional and motor skills. Programs will use the Ages and Stages Questionnaire (ASQ) or Parents Evaluation of Developmental Status (PEDS).
4. Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed.
5. Identify outreach, engagement and retention practices with participants/families.
6. Provide program evaluation data and information to demonstrate evidence of program effectiveness and impact upon the identified performance and key measures. Pre and Post testing must be administered.

Specifically, each family must receive information and support in each of the core areas: child development, parenting skills, health, resource and referral and service coordination. Information and support should be tailored to the needs of the family as identified in the family service plan.

Those core areas include:

- All domains of child development (physical, cognitive, social, emotional, language, sensory).
- Appropriate child-adult interactions and development of parenting skills (i.e. physical touch, showing affection, spending time together, positive discipline, parental monitoring, early reading and language experiences and communication).
- Health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; home safety/injury prevention; developmental health, vision and hearing screening).
- Resource & Referral Information-Identify services available to families and the subsidies to which they may be entitled; help them to fill out the forms to gain those services; and help them to follow-through to ensure service delivery as needed.

Programs may also help families:

- Identify their natural supports such as peer support.
- Access opportunities to participate in family literacy activities.
- Address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities.
- Facilitate, arrange or organize group activities to further enhance socialization and peer-support.

The implementation of this strategy is intended to promote effective parenting and support parents as their child's first and most important teacher. Programs must work with families to mobilize formal and informal resources to support family development, and advocate with families for services and systems that are fair, responsive and accountable to the families served. Programs will have a mechanism in place to provide families information and support in each of the core areas listed above. Program must support the social and emotional development of the children served as well as conduct screening for social and emotional delays. Language and early literacy development can be a component of the strategy and service providers will need to address how it will be supported through their services.

Service providers are asked to build on existing home visitation programs, allowing expansion to the service areas or target populations that are not currently served. This may include expanding resources to underserved locations in the region and expanding services to rural and underserved communities within the region. A strong emphasis must be placed on collaborative partnerships among numerous community and neighborhood-based entities. Interested providers must demonstrate a history of collaboration with other service providers and community resources as well as how they will specifically serve the region in which they are receiving funding.

As part of successful program implementation, service providers should describe how they will enhance family support through programs that are both evidence-based and relevant to the community served. Interested providers must provide their plans for outreach, recruitment, family engagement and retention. Family participation in home visitation services is voluntary and must be provided free of charge to the family.

Preference will be given to approaches that are research-based and to programs who can demonstrate positive outcomes for the target population. If selected to provide services, providers must show staff qualifications, supervision and training that will support the successful implementation of the evidence based model. All staff conducting developmental screening or other screening using standardized tools must receive training to administer these tools through a formal training program approved by the administering agency of that standardized tool.

Coordination and collaboration with all FTF grantees is critical to developing a seamless service delivery system for children and families. Services and programs cannot be implemented in isolation and coordination and collaboration must occur within a region and across regions. FTF staff and Regional Councils will identify opportunities for collaboration and coordination with successful applicants that become grantees of First Things First. Successful service providers will be required to attend meetings and workgroups in the region being served to identify, develop and implement mechanisms around coordination and collaboration. Successful service providers will also be required to share data with First Things First and the Regional Partnership Council that will be used for cross regional analysis. Successful service providers will also participate in cross regional and statewide work that may include additional workgroups and meetings. In order to accomplish these tasks, service providers should plan the appropriate budget that would include travel for monthly meetings within the regional area, four cross regional meetings/workgroups held in various locations, and one statewide meeting to be held in Phoenix, Arizona. All travel related costs for these trainings and meetings should be included in the provider's budget and calculated using the State of Arizona travel policy as described on the budget narrative worksheet.

The evaluation should be directly connected to the Goals, Key Measures, and the Performance Measures and should determine the extent to which the program has accomplished the stated

goals and key measures. The evaluation should also measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. Successful service providers agree to participate in the First Things First evaluation 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 includes the electronic submission (through the First Things First secure web portal) of performance measures and other evaluation data as proposed by the service provider. Performance measure 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).

Successful providers are also 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 anonymous manner. In addition, providers agree to allow 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. Providers are expected to collect and report data to First Things First on the progress of achieving the Performance Measures. Performance Measures for purposes of this RFGA are as follows:

Performance Measures:

- Number of families receiving home visiting/proposed service number
- Home Visitor caseload number/proposed caseload number
- Number of visits per family/proposed visit number
- Number of families recruited to participate/families enrolled and participating for at least one month
- Family attrition/target population
- Home Visitor attrition/target population
- Number of families who successfully meet family service plan outcomes/actual service number
- Number of families reported satisfaction with provided home visitation/actual service number
- Number of families showing increases in parenting knowledge and skill after receiving home visitation/actual service number-using observational pre/post measure aligned with research based program requirements
- Total number of children served/proposed service number
- Number of children with health insurance/actual service number
- Number of children with completed well-child visits/immunizations
- Number of expectant mothers receiving regular prenatal care/actual service number

- Number of children having dental visit before age one/actual service number
- Number of children screened for developmental delays/actual service number
- Number of children screened for vision and hearing/actual service number
- Number of families who report an increase in reading to their child in pre-post test/actual service number
- Number of faith-based organizations referring families for home visits in the region
- Number of child care centers/family child care homes referring families for home visits in the region
- Percent of families receiving home visits whose children have health insurance
- Percent of families receiving home visits that have a consistent medical provider

3/17/2009