



FIRST THINGS FIRST

Ready for School. Set for Life.

*Phoenix SOUTH
Regional Partnership Council*

Attachment

#1

Phoenix South Regional Partnership Council

FY16-18 Regional Priorities

- ❖ Increase the number of and access to quality programs serving children birth to five.
- ❖ Influence public policy to increase funding for access to quality programs serving children birth to five.
- ❖ Increase access for all children birth to five to developmental and sensory screenings, oral health screening and services, and access to healthy food.
- ❖ Work with community stakeholders to increase awareness and education to parents, providers (including medical professionals) and policy makers around the importance of quality health practices and nutrition to children birth to five.
- ❖ Families with children birth to five will increase their understanding of early childhood development and health.
- ❖ Families with children birth to five will have access to information and support as needed.
- ❖ Families with children birth to five are connected and engaged in their communities in order to support their child's school readiness.



FIRST THINGS FIRST

Ready for School. Set for Life.

*Phoenix SOUTH
Regional Partnership Council*

Attachment

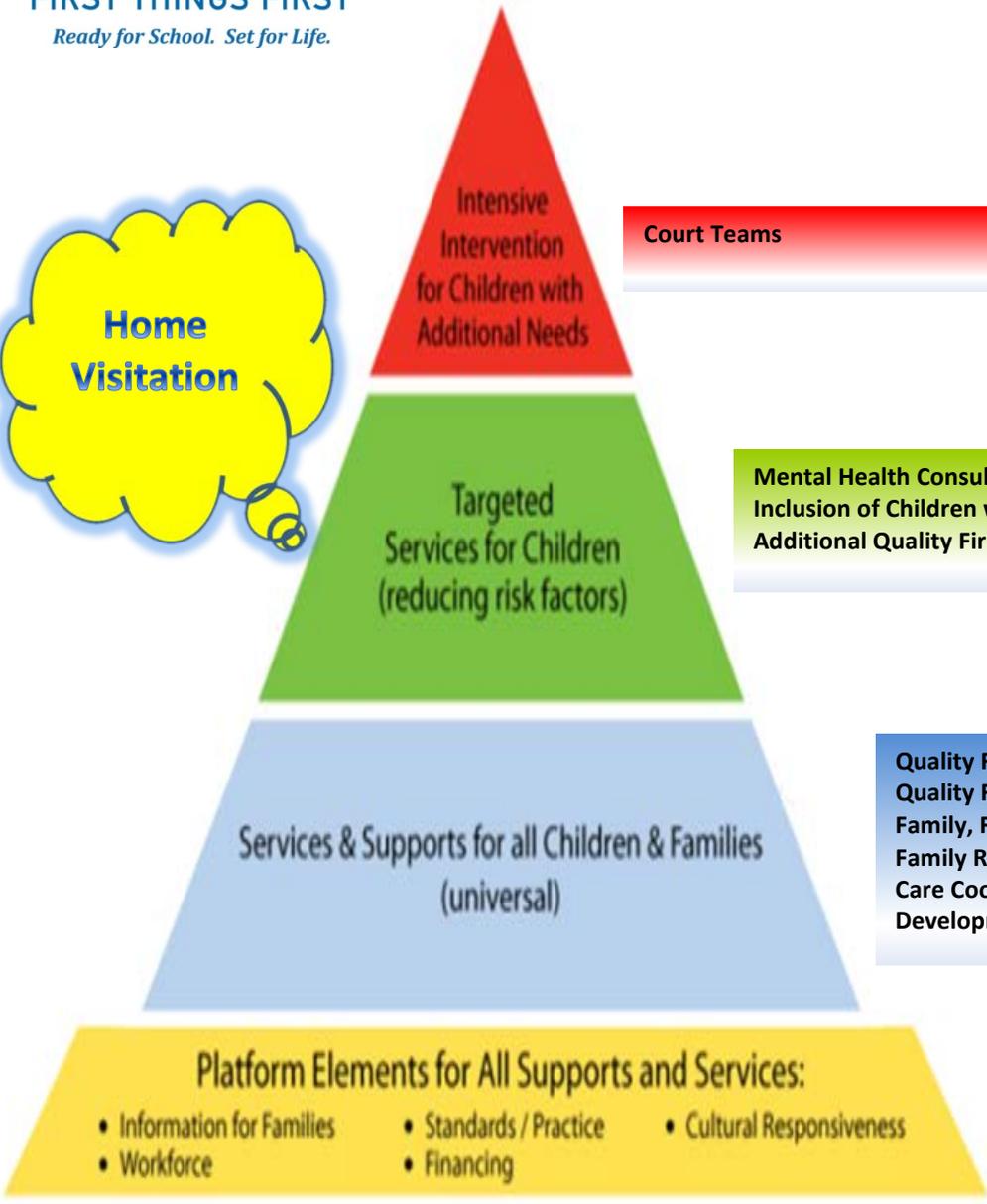
#2



FIRST THINGS FIRST

Ready for School. Set for Life.

Phoenix South Regional Partnership Council



Court Teams

Mental Health Consultation
Inclusion of Children with Special Needs
Additional Quality First Scholarships (2 Star Centers/Homes in four Zip Codes)

<ul style="list-style-type: none"> Quality First Center/Home Enrollment Quality First Base Scholarships Family, Friend and Neighbor Care Family Resource Centers Care Coordination/Medical Home Developmental and Sensory Screening 	<ul style="list-style-type: none"> Oral Health Parenting Education Reach Out and Read
---	--

<ul style="list-style-type: none"> Community Outreach Community Awareness Media Statewide Evaluation 	<ul style="list-style-type: none"> Family Resource Network (Service Coordination) Access to Healthy Food/Nutrition
--	--

TOTAL ALLOTMENT FOR FY16
\$17,299,507



FIRST THINGS FIRST

Ready for School. Set for Life.

*Phoenix SOUTH
Regional Partnership Council*

Attachment

#3

Home Visitation

Strategy Intent

The intent of the evidence-based Home Visitation strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Expected results that are common to home visitation programs include: improved child health and development, increase in children’s school readiness, enhancement of parents’ abilities to support their children’s development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).

Strategy Evidence

Decades of research and evidence demonstrates that home visitation can be an effective method of delivering family support and child development services (Mathematica, 2014). A variety of evidence-based models exist to address the spectrum of universal, targeted, or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, or low income families. The experience and credentials of the home visitor, the duration and intensity of the visits, and the end goal or focus of the intervention are critical to implementation and intended impacts. Yet, the common ground that unites home visitation program models is the importance placed on infant and toddler development. Comprehensive, evidence-based home visitation programs provide participating families of infants and toddlers with information, education and support on parenting, child development and health topics while simultaneously assisting with connections to other resources or programs as needed.

Council Considerations:

Home Visitation services and supports are varied. The Phoenix South Regional Council is asked to consider and determine their intention for their home visitation strategy. The following questions can help Council Members reach a description of their purpose for Home Visitation in the region:

Is your focus:

- **Health specific outcomes?**
- **School readiness?**
- **Parenting knowledge and skills?**

Is your target population and purpose “universal, targeted, or specialized needs”?

- **Serving at-risk/ high risk* children and families with home visitation programming to reduce or mitigate risk?**

* at-risk/ high risk may include specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse/neglect, or low income families

OR,

- **Serving more universal population/lower risk families with a more universal parenting skill support program?**

Is age of the child served of importance to the Council's intent for the strategy?

- **Intervening earlier: prenatal; 0-3 months; or 2 years**

OR,

- **Prenatal through 5 years?**

How many families are to be served?

Additionally, is a coordinated parent enrollment, referral, and outreach component supported by the Council?

By working with the different home visitation programs, a single entity is able to streamline the intake and referral process for families and support appropriate enrollments for programs. A single point of entry is currently in place for access to all home visitation programs in the Phoenix South region. This allows families to be matched with the most appropriate program; eliminates duplication, and enhances a timely continuum of services. Through this type of coordinated approach, programs are also able to coordinate outreach and "advertising", engage in common data and tracking, share resources, professional development opportunities, and successful strategies. A coordinated intake and referral component can effectively be supported with \$100,000 depending upon the full scope of work.

Costs among evidence-based home visitation program models vary. More intensive, or programs which necessitate higher level staff credentials, result in higher costs per family. The estimated cost per family ranges from \$5,000 per year for Nurse Family Partnerships, to \$3,500 per year for Healthy Families, to \$2,000 per year for Parents as Teachers. Home-based Instruction for Parents of Preschool Youngsters (HIPPY) costs \$1,250 per year/per family, and Early Head Start costs depend on the curriculum used by the grant partner. The Early Head Start program may also utilize an evidence-based model such as Parents as Teachers.

Examples of common evidence-based program models and their characteristics include:

- ***Nurse Family Partnership (NFP)*** aims to improve pregnancy outcomes, child health and development, maternal life course development, and the economic self-sufficiency of the family. **Specially trained, registered nurses with bachelor's degrees (master's degrees preferred) provide ongoing home visits that start while the mother is pregnant and continue until the child reaches age 2. Willing participants must be low-income, first time mothers willing to receive their first home visit by the 28th week of pregnancy.** During these visits, nurses help ensure that mothers receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient.
- ***Healthy Families America (HFA)*** targets at-risk families to help them cultivate and strengthen parent-child relationships, promote healthy child development, and enhance family functioning by reducing risk, building protective factors, and focusing on building strengths rather than correcting weaknesses. **To receive services, families must be enrolled while the mother is pregnant or shortly after birth (up to three months of age),** and they must complete a comprehensive assessment to

ascertain the presence of risk factors. Individual providers determine other criteria for enrollment, such as being a single parent or suffering from substance abuse or mental health issues. **Services can continue until the child is 5 years old.**

- **Parents As Teachers (PAT)** aims to increase parenting knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success. Parents receive one-on-one home visits from degreed professionals and paraprofessionals who have previous experience working with children or families. Parents also have access to monthly group meetings, developmental screenings, and information about other resources available to their family. **Designed to serve families from pregnancy through kindergarten enrollment.**
- **Home Instruction for Parents of Preschool Youngsters (HIPPY)** aims to: (a) prepare children for success in school and all aspects of life, (b) empower parents to be their child's first teacher, and (c) provide parents with the skills, confidence, and tools needed to successfully teach their child in their home. **The ultimate goal is to help parents provide educational enrichment for their preschool child (aged 3 to 5) and promote children's school readiness.** HIPPY targets parents who are primarily in at-risk communities and lack confidence in their own abilities to instruct their children, perhaps because these parents struggled academically, do not speak English, and/or did not graduate high school. HIPPY services include weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings monthly (or at least six times a year).
- **Early Head Start-Home Visiting (EHS)** aims to: (a) promote healthy prenatal outcomes for pregnant women, (b) enhance the development of young children, and (c) stimulate healthy family functioning. EHS can be offered in a center-based or home-based based format. In the home-based format referred to in the remainder of this report, EHS home visitors have a Child Development Associate (CDA) credential plus knowledge and experience in child development and early childhood education, principles of child health, safety, and nutrition, adult learning principles, and family dynamics. EHS services include a weekly, 90-minute, home visit and two group socialization activities per month for parents and children. However, there is no set curriculum for EHS visits. Each site determines the curriculum used.



FIRST THINGS FIRST

Ready for School. Set for Life.

*Phoenix SOUTH
Regional Partnership Council*

Attachment

#4

Crosswalk Three Home Visiting Program Models

	Nurse Family Partnership	Healthy Families	Parents As Teachers
Age of the child	Prenatal to child's second birthday (24 months)	Prenatally or just after the child's birth and continuing for three to five years.	The model is designed to serve families throughout pregnancy through kindergarten entry.
The risk status of the family	First time, low income mothers	Families identified as at-risk using a screening tool	Eligibility criteria, selected by affiliates, might include children with special needs, families at risk for child abuse, and income-based criteria, among others.
Goals	Designed to improve (1) prenatal health and outcomes, (2) child health and development, and (3) families' economic self-sufficiency and/or maternal life course development.	The program goals include reducing child maltreatment, increasing utilization of prenatal care, improving parent-child interactions, and promoting children's school readiness.	The goal of the program is to provide parents with child development knowledge and parenting support; provide early detection of developmental delays and health issues; prevent child abuse and neglect, and increase children's school readiness.
Intensity of home visits	During the first month of prenatal visits are weekly, then taper to biweekly until the child is born. After birth, weekly visits resume for the first six weeks, and then biweekly visits continue until the child is approximately twenty months old. The final four visits leading up to the child's second birthday occur monthly.	HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency is determined by local programs and is based on families' needs. Typically, home visits last a minimum of one hour.	The PAT national office requires that affiliate programs offer families 12 home visits annually (at minimum). Programs must offer families with two or more high-needs characteristics 24 visits annually. In some cases, visit frequency may be gradually decreased as the family transitions out and into other services. Home visits last approximately 60 minutes. The PAT national office requires that affiliate programs offer at least 12 group connections (or meetings) annually.
Range of favorable primary outcomes observed according to HOMVEE	Child development and school readiness (5) Child health (4) Family economic self-sufficiency (4) Maternal health (3) Positive parenting practices (4) Reduction in child maltreatment (7)	Child development and school readiness (9) Linkages and referrals (1) Positive parenting practices (2) Reduction in child maltreatment (1)	Child development and school readiness (7) Family economic self-sufficiency (1) Positive parenting practices (3) Reduction in child maltreatment (1)
Service providers	Public health nurses	Trained paraprofessionals	Trained paraprofessionals