



# FIRST THINGS FIRST

*The right system for bright futures*

March 19, 2009

Dear Home-Based and/or Facility-Based Visitation Provider:

Arizona is facing unprecedented, tumultuous economic times. Families are facing tremendous financial and emotional stress, threatening the well-being of young children. The First Things First (FTF) Board has determined that it must take immediate and proactive actions to shore up the foundation of early childhood and development of children birth through age five. The FTF Board has expressed a desire to help mitigate some of the economic damage and turmoil and respond immediately to the urgent needs of Arizona's young children and families.

To respond to the dire challenges being faced by families with young children, the FTF Board has received approval from the Arizona Department of Administration (ADOA) for a bid waiver, granting authority to expedite the awarding of contracts quickly in certain strategy areas through a non-competitive process. To provide immediate supports for children and families, FTF is focusing on family support strategies that will help prevent abuse and neglect of children, which increases in times of financial and emotional stress. Families need access to supports for a safe and stable home environment.

FTF Regional Partnership Councils have been given the option to expedite the award of family support strategies without FTF Board approval. **The Central Pima Regional Partnership Council has chosen to expedite strategy seven, Home-Based and Facility-Based Family Support, with \$750,000 allotted to fund this expedited strategy. Due to the Council's decision to expedite, the original Request for Grant Application #FTF-RC017-10-0033-00 is no longer active and is now replaced by the application outlined herein.**

**To be considered, home-based and/or facility-based family visitation programs must meet the following criteria:**

- Provide comprehensive home visitation and/or community based family education services that address the immediate health, safety and welfare of children birth to age 5. Programs will provide prevention as opposed to intervention services. (Services that provide direct cash benefits, such as emergency assistance for rent, utilities or transportation; or programs providing in-home support exclusively to families involved in the child welfare system, such as family preservation, will not be eligible for funding.)
- Provide services that are in compliance with FTF Home Visitation and/or Community Based Family Education Scope of Work and Standards of Practice
- Demonstrate immediate capacity to serve families
- Be a current service provider in Arizona
- Serve targeted geographic area or demonstrate capacity to immediately expand to that area
- Keep administrative costs below 10%

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FIRST THINGS FIRST  
Central Pima Regional Partnership Council

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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.

The Central Pima Regional Partnership Council will engage in a process to immediately identify a provider(s) to implement this strategy. If you are home-based visitation program and/or facility-based family visitation provider that meets the above FTF criteria and you wish to be considered, please complete the Agency/Program Profile and **submit it electronically** to Jessica Brisson, Regional Coordinator at [jbrisson@azftf.gov](mailto:jbrisson@azftf.gov) by **March 30, 2009 by 9:00 a.m.** for consideration. If you have any questions, please contact Jessica Brisson, Central Pima Regional Coordinator, **in writing** at [jbrisson@azftf.gov](mailto:jbrisson@azftf.gov).

FTF staff will notify you if additional information is needed and to inform you of the Regional Council's decision which is anticipated by April 7, 2009. Thank you for your willingness to serve the children of Arizona.

Sincerely,

Jessica Brisson  
Central Pima Regional Coordinator

*Please note separate attachments accompanying this letter include:*

*Home-Based and/or Facility-Based Visitation Agency/Program Profile*  
*Home-Based and Facility-Based Visitation Scope of Work*  
*Home Visitation Standards of Practice*  
*Facility-Based (Community) Visitation Standards of Practice*

## **Home-Based and Facility-Based Visitation Scope of Work**

The Central Pima Regional Partnership Council has identified the need for regional implementation of the following strategies:

- Expand or establish new home-based visitation and facility-based (i.e. community-based) programs that take a guided learning approach in supporting parents and caregivers in their ability to promote their children's optimal development and health
- Support, enhance, coordinate and implement home-based visitation and facility-based programs and services that provide parents and caregivers access to information, resources and high-quality social support
- Increase outreach and application assistance for public health insurance for eligible children ages birth through five in Central Pima regional area only
- Provide facility-based family education and information programs

The Central Pima Regional Partnership Council encompasses the geographic boundaries of Pima County including South Tucson and zip codes within central Tucson including 85701, 85705, 85708, 85710, 85711, 85712, 85713, 85714, 85715, 85716, 85719, 85745, 85746, deducting the portion of the Tohono O'odham Nation in Pima County and deducting the Pascua Yaqui Tribe also in Pima County. The indented target numbers for implementation is at least 250 families within the Central Pima region. Service providers must serve families within the geographic boundaries of the Central Pima Regional Partnership Council described above. Multiple service providers for home-based visitation, facility-based visitation or combined efforts may be considered.

This strategy targets families with children birth through five years of age and engages families at all levels. Priority will be given to targeted populations that include families who may not meet income or high-risk eligibility requirements of other home visitation programs. Other targeted populations may include low income families, single parents, teen parents, first time parents, families with children with developmental delays or disabilities, families struggling with substance abuse, domestic violence or mental health issues relatives raising children, and underserved communities within the Central Pima region.

A 2008 needs and assets assessment of the Central Pima region suggests there is a lack of quality family support and education services to assist families in developing the necessary skills to support their children's optimal development and health. Through supportive facility-based and home-based visitation, families are encouraged to learn about the importance of child development and health, develop parenting skills and have access to resources. Additionally, children are not receiving appropriate and timely well-child visits and immunizations and often lack health insurance. According to KidsCount, 15 percent of children ages birth through five in Arizona lacked health insurance coverage in 2006.

At birth, the brain is approximately one-quarter of full adult size and by age two, the brain is not only bigger, but also complex connections have been substantially developed. 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.<sup>1</sup> 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. It is true for adults and true for babies — “use it or lose it!” — babies and young children need stimulation to develop socially, emotionally, and intellectually.<sup>1</sup> Children who experience sensitive, responsive care from a parent perform better academically and emotionally.<sup>2</sup>

The research literature 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.<sup>2</sup> Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect.<sup>3</sup> The U.S. Department of Justice gives a high rating to early home visitation by nurses, other professionals, and trained paraprofessionals for preventing crime and its risk factors.<sup>4</sup> The Canadian Task Force on Preventive Health Care recommends early childhood home visitation programs for preventing child maltreatment in disadvantaged families.<sup>5</sup> Family support is the foundation for enhancing children’s positive social and emotional development.<sup>6</sup> 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.

Based upon existing research, certain program elements have been identified to be indicators of quality in family education and information programs that help families meet outcomes.<sup>7</sup> The Service provider is required to provide services through these following indicators in addition to adhering to the FTF Standards of Practice: Program design and content implemented with

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<sup>1</sup> \*\*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/>

<sup>2</sup> Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. *Zero to Three*, 18(4) 23-29.

<sup>3</sup> Krugman, R.D. (1993). Universal home visiting: a recommendation from the U.S. Advisory Board on Child Abuse and Neglect. *Future Child*, 3:184 –200.

<sup>4</sup> Sherman, L. W., Gottfredson, D.C., MacKenzie, D. L., Eck, J., Reuter, P., & Bushway, S.D. (1997). *Preventing crime: what works, what doesn't, what's promising. A report to the United States Congress* (NCJ 171676). Washington DC: U.S. Department of Justice, Office of Justice Programs.

<sup>5</sup> MacMillan, H. L., Feightner, J. W., & Goldbloom, R. (2000) Preventive health care, 2000 update: prevention of child maltreatment. *CAMJ*, 163(145), 1–8.

fidelity, program relevance, high quality staffing and monitoring activities.<sup>8</sup> Additionally, successful, comprehensive visitation programs that involve both parent and child demonstrate a positive impact upon outcomes, which will be emphasized within the home-based and facility-based visitation implementation.

Finally, children without medical insurance have a difficult time obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.<sup>6</sup> Families without health insurance experience high out of pocket cost when their children lack coverage. Lack of health insurance can threaten families' economic security.<sup>6</sup> Research has shown that health insurance coverage is linked to improved health. Insured children are more likely to access primary health care services to keep them well, more likely to receive timely immunizations and more likely to have a medical home.<sup>7</sup>

Health insurance outreach and enrollment assistance is a proven practice for improving and increasing health coverage in public programs. In California, for example, 63 percent of service providers who received no facility-based assistance were approved for enrollment, compared to a 79 percent approval rate for families who received assistance.<sup>8</sup> According to a 2007 report from St. Luke's Health Initiatives; outreach efforts for publicly funded health insurance can be effective in covering more children in health coverage. Successful efforts include public awareness campaigns, outreach and enrollment assistance by trusted, health or social service.

#### Implementation Requirements:

##### **First Things First Goal Area to be addressed:**

- Family Support

##### **First Things First Goals to be addressed:**

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

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<sup>6</sup>Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

<sup>7</sup>Ibid

<sup>8</sup>Hageman, Gretchen, Evidenced-based criteria for family support and parent education programs: Early childhood Iowa, Quality Services and Programs Component Work Group, November 2005

**First Things First Key Measures to be addressed:**

- Percentage of families with children birth through age five who report they are competent and confident in 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

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. In addition to home-based visitation services, the Central Pima Regional Partnership Council invites service providers to submit a proposal that is also inclusive of facility-based family visitation, education and information programs in addition to home-based services. The intent is that service providers use this component to offer a comprehensive and voluntary home-based and facility-based service to the families they serve free of charge. Programs may include various levels of intensity designed to meet the needs of the children and families.

The home-based and facility-based visitation professional works with family members to educate and empower them to support their child's development, address health needs, connect family to resources as needed, taking into consideration the unique, cultural diversity of each family. Programs should be strong on relationship building and parent empowerment, including a focus on families and their children participating together. The critical element is that families have opportunities to practice skills. Using a family-centered and strength-based approach in natural environments, these programs will:

- 1) Follow the FTF Home Visiting Standards of Practice, attached; **or**
- 2) Follow the FTF Community-Based/Facility-Based Standards of Practice, attached.
- 3) Engage the family to assess their status using research-supported tools to identify strengths and needs. Service providers must identify the tools currently used in practice or use a tool such as the Life Skills Profile.
- 4) Help families develop and implement a family service plan based upon assessment findings and goals and objectives identified with the family. The plan should include outcomes and activities for the family and frequency and duration of home-based and facility-based visits. 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 and must use either the Ages and Stages Questionnaire (ASQ) or Parents Evaluation of Developmental Status (PEDS).

- 5) Provide service coordination with other community resources to minimize duplication and to ensure that families receive comprehensive services as needed. Services include assisting families with the necessary health insurance application paperwork and referring other necessary services.
- 6) Promote and encourage language and early literacy development.
- 7) Increase outreach and enrollment assistance for public health insurance, Arizona Health Care Cost Containment System (AHCCCS) to eligible but not yet enrolled families, beginning on an agreed upon service delivery date in Fiscal Year 2010.
- 8) Utilize the First Things First Arizona Parent Kit (see Central Pima Strategy 10) that will be distributed on an agreed upon service delivery date in Fiscal Year 2010, which will be an integral piece of the home-based and facility-based curriculum.

Best practices and an evidence-based curriculum must be used and identified in the application. Service providers must identify the frequency of visits planned and should base their plan on a research-based model for home-based and/or facility-based visitation. The visits should occur within the home itself and/or within the community, accessible and most convenient to families. Services are voluntary and offered free of charge to families. The service provider must demonstrate flexibility in coordinating visits or family education sessions that occur during hours that are most convenient for families. Service providers must demonstrate collaboration among community and neighborhood-based entities as well as describe their agency's capacity to network and collaborate with other service providers to better provide and coordinate the services families need.

Service providers must show staff qualifications, supervision and ongoing training that will support the successful implementation of the research-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.

Priority would be given to the home-based and facility-based family support professionals who have a health related, formal credential/background (minimum of a Bachelor's degree); however, the family support may have a minimum of a Bachelor's degree in a relevant field of study such as child development, family studies or early childhood education.

Service providers will utilize the First Things First Arizona Parent Kit as a part of the home-based and facility-based visitation and education curriculum (See Central Pima Strategy #10 Parent Kits) on an agreed upon service delivery date in Fiscal Year 2010.

Using a family-centered and strengths-based approach, programs should:

- Provide resource and referral information e.g. where to access regular developmental screenings.
- Identify outreach, engagement and retention practices for participants/ families.
- Demonstrate program effectiveness and participate in data collection and reporting of performance measures. Pre and Post testing must be administered.

Each family participating in the program must receive information and support in each of the core areas of child development, parenting skills, health, resource and referral, and coordination. In-home and facility-based services should address:

- All domains of child development (physical, cognitive, social, emotional, language, and sensory)
- Offer developmental screenings to parent participants using a standardized or criterion-referenced tool for all of the following developmental domains (i.e. Ages and Stages Questionnaire)
- 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).
- Resource & Referral Information including identifying supports and services available to families with young children, for example, health (e.g. nutrition; obesity; breastfeeding; physical activity; immunizations; oral health; insurance enrollment; participation in consistent medical/dental homes; participation in prenatal care; safety; developmental health, vision and hearing screening).

A strong emphasis is being placed on the health insurance outreach component of the home-visitation and facility-based visitation program, which will begin on an agreed upon service delivery date in Fiscal Year 2010. Service providers for the Central Pima region should also address plans to complete the following:

1. Directly enroll families with young children birth to five in AHCCCS including accepting and submitting original documentation needed for enrollment.
2. Increase number of community accessible sites offering Health-E-App internet access and enrollment assistance.
3. Educate parents about the importance of regular well child check-ups and the benefits of timely, preventative health care for their children.

Successful Service providers must plan to work with existing outreach and enrollment coalitions (for example, the Maricopa and Pima County KidsCare Coalitions and the Healthy Children Arizona Coalition), as well as AHCCCS and the Arizona Department of Economic Security to plan, implement, and coordinate outreach and application assistance activities, and provide for a quarterly review of activities and accomplishments as a result of these coordinated efforts.

By working with AHCCCS and the Arizona Department of Economic Security (the agency responsible for determining eligibility for AHCCCS) it may be possible to draw down a federal



match (between 50 cents to 77 cents on the dollar allocated) allowing further expansion of this effort. Contracts may be modified or terminated if an opportunity becomes available to receive federal funds or matching funds through AHCCCS or if funding for public health insurance is substantially reduced or eliminated.

This funding opportunity allows for the expansion of existing programs to reach populations that are not currently served, particularly families who may not be eligible for other family support services due various eligibility criteria including income. It is a priority that service providers demonstrate a history of collaboration as well as agency capacity to network and collaborate with other community and neighborhood-based entities for coordination of services needed by participants and successful program implementation. Funded programs are expected to have the capacity to network and collaborate with other service providers to better provide and coordinate services families need.

Allowable program costs may include salaries and employee related expenses, costs associated with staff training, outreach and promotion activities and materials, curriculum costs, program materials including handouts and other collateral provided to families and other associated costs for program supplies or incentives like transportation or child care, office space and expenses as well as expenses associated with staff supervision.

Coordination and collaboration with all FTF service providers 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. First Things First staff and Regional Councils will identify opportunities for collaboration and coordination with successful service providers 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 1 statewide meeting to be held in Phoenix, Arizona. All travel related costs for these trainings and meetings should be included in the service provider's budget and calculated using the State of Arizona travel policy as described on the budget narrative worksheet.

Any 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.

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 service 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, Service providers agree to allow First Things First and evaluation consultants of First Things First to observe program activities on site and obtaining 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. Service 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 funding opportunity are as follows:

**Performance Measures:**

- Number of families receiving home or facility-based 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
- Home Visitor attrition
- Number of families who successfully meet family service plan outcomes/actual service number
- Number of families reported satisfaction with provided home or facility-based visitation/actual service number
- Number of families showing increases in parenting knowledge and skill after receiving home or facility-based 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
- # of children with completed well- child visits/ actual service number
- # of children with complete immunizations/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 (minimum questions provided by First Things First staff)/actual service number
  - Number of AHCCCS/KidsCare applications completed resulting in successful enrollment /actual number of applications completed
  - Applications completed /number families targeted for outreach.
  - Number and percentage of families targeted for outreach / number of children birth through five living below 200% of the Federal Poverty Level
  - Number of families showing increases in knowledge and skill after receiving kit /actual service number (*FTF provided questions on an observational pre/post*)
  - Number of families reporting satisfaction with kit assistance /actual service number
  - Number of kits distributed by location / proposed service number
  - Number of kits supported by visit or coaching /proposed service number
-