



FIRST THINGS FIRST

The right system for bright futures

March 20, 2009

Dear Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families 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 five, Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families, with \$1,600,000 allotted to fund this expedited strategy.**

To be considered, Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families programs must meet the following criteria:

- Provide comprehensive home visitation that address the immediate health, safety and welfare of children prenatal 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 Standards of Practice and Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families Scope of Work
- Demonstrate immediate capacity to serve families
- Be a current service provider in Arizona

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- Serve targeted geographic area or demonstrate capacity to immediately expand to that area
- Keep administrative costs below 10%

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 by **March 31, 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.

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:

*Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families
Program Profile*

*Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk
Families Scope of Work*

Home Visitation Standards of Practice

Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families Scope of Work

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

- A Nurse Family Visitor/Community Health Worker home visiting program to support high risk families, including pregnant women, through home-based support.
- Support, enhance and implement programs and services that provide parents and caregivers access to information, resources and high quality social support.
- Transportation assistance to high-risk families participating in the Nurse Family Visitor/Community Health Worker home visiting program, who exhibit difficulty in getting their children (prenatal through age five) to medical related appointments (this component of the strategy will take effect on an agreed upon service delivery date within Fiscal Year 2010).

The Central Pima Regional Partnership Council encompasses the geographic boundaries of Pima County, including South Tucson and zip codes within central Tucson including zip codes 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 from Pima County.

The intended target population for implementation is approximately 500 or more families who have children prenatal through age 5 and reside within the boundaries described above. The Regional Council has defined prenatal services as clinic or hospital-based comprehensive prenatal care as recommended by the American College of Obstetrics and Gynecology (ACOG) and required by AHCCCS for providers of prenatal care to AHCCCS patients. Multiple service providers for this strategy may be considered.

Furthermore, it is intended that services target families who are considered to be at risk or families with high risk social situations, such as teen parents, pregnant women, families with children with special medical needs and impoverished families. The Regional Council has identified the following indicators of families who are considered “at risk”: Low income, unemployment, lack of education, lack of health insurance, lack of prenatal care, low birth weight of baby, high life stressors, single motherhood, teen parenthood, having a baby with special needs or disabilities, history of abuse or neglect as a child, social isolation, lack of available friends and family for support, substance abuse, domestic violence, or mental illness.

Other examples of populations that may be served include first time parents, relatives raising grandchildren or underserved geographic areas.

Family participation in home visitation services must be voluntary and must be provided free of charge to the family.

The 2008 needs and assets assessment of the region suggests that parents and families require a greater understanding of child development and health; more effective parenting skills; and improved access to resources. The needs and assets assessment also reports that only 73 percent of mothers received early prenatal care, which is lower than the state rate. In 2006, almost 6,000 Tucson families were headed by a single parent with a child aged birth through five. Furthermore, 13 percent of children in 2006 in Central Pima County were born to teen mothers. In addition, the regional needs and assets assessment revealed 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. 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.

At birth the brain is about one-quarter of full adult size, and 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.¹ 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.¹ Children who experience sensitive, responsive care from a parent performs better academically and emotionally.²

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.² Home visiting has been shown to be highly effective with regard to promoting effective parenting in the area of preventing abuse and neglect. The U.S. Department of Justice

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/>

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

gives a high rating to early home visitation by nurses, other professionals, and trained paraprofessionals for preventing crime and its risk factors. The Canadian Task Force on Preventive Health Care recommends early childhood home visitation programs for preventing child maltreatment in disadvantaged families. Family support is the foundation for enhancing children's positive social and emotional development. 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.

Research shows that children who receive health care insurance are more likely to have well-child visits, to be vaccinated, less likely to access care in an emergency room and do better in school. The Nurse-Family Partnership, an evidenced based home visiting program for first time parents and provides developmental and supportive health services by Registered Nurses to families who are considered at-risk throughout the United States, notes the significant effects in the areas of improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, and improved school readiness for children born to mothers with low psychological resources.

Families supported by the Nurse Family Visitor reported satisfaction through a variety of substantial ways including:

- Assistance with completing complicated paperwork regarding health services
- Addressing a variety of questions and concerns ranging from child development to health related services
- Identifying and assisting with initiating early intervention services
- Determining the best and most appropriate health and developmental services and service level for which the family should access, and
- Ongoing visitation time by the Nurse Family Visitor/Community Health Worker, which is tailored around specific and identified needs of the family.

A recommendation from the American College of Obstetricians and Gynecologists suggests that prenatal begin in the first trimester of a pregnancy and continue throughout the pregnancy with at least 13 visits. In the Central Pima region, approximately 73 percent of mothers received early prenatal care, which is lower than the state rate.

There are several barriers to prenatal care including the increased number in pregnant adolescents, non-English speaking residents and the prevalence of inadequate literacy skills. Additional barriers include diminished health care resources, poverty, stress and domestic violence. Another prominent predictor of obtaining prenatal care in the first trimester is ethnicity. Research also demonstrates that transportation is a significant barrier to families

attending health related appointments. When medical related transportation is provided to pregnant women or families, there is an increase in attending appointments. For example, a study from *Obstet Gynecol* in 1997 found a 22 percent increase in pregnant, low income women who were in compliance with attending prenatal visitation when a transportation voucher was offered.

Implementation Requirements:

First Things First Goal Area to be addressed:

- Health

First Things First Goals to be addressed:

- FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.
- 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

First Things First Key Measures to be addressed:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely well-child visits
- Percentage of families with children birth through 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
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.
- Ratio of children referred and found eligible for early intervention

Service providers will provide a comprehensive Nurse Family Visitor/Community Health Worker visitation model that will assist high risk families in developing and implementing a family service plan based upon assessment findings, which includes improving parenting skills and relationships and improving health outcomes. Programs may include various levels of intensity

designed to meet the needs of children and families, including outcomes and activities for the family, frequency and duration of home visits. Specifically, each family must receive information and support in each of the core areas of child development, parenting skills, health, referral of resources and service coordination. The home visitation staff should work with family members to educate and empower them to support their child's development, address health needs, connect the family to resources as needed, while taking into consideration the unique cultural diversity of each family. Programs should be strong on relationship building and parent empowerment.

Using a family-centered and strength-based approach in natural environments, these programs will:

- Follow the FTF Home Visiting Standards of Practice, **attached**.
- 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.
- 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 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).
- Provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed. Promote and encourage language and early literacy development.
- Assist families in identifying their natural supports such as peer support, access opportunities to participate in family literacy activities, and address issues of substance abuse, domestic violence, mental health, and children with developmental delays or disabilities.
- Utilize the First Things First AZ Parent Kit that will be distributed through the Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families strategy as an integral piece of the curriculum, **beginning on an agreed upon service delivery date within Fiscal Year 2010**.
- Provide transportation services to and from medical appointment to the most disenfranchised families with young children prenatal to five years participating within the Nurse Home Visitation/Community Health Worker Home Visitation Program, **beginning on an agreed upon service delivery date within Fiscal Year 2010**.

Service providers must show staff qualifications, supervision and training that will support the successful implementation of the evidenced-based model. Staff implementing the program is Nurses and/or Allied Health Professionals such as Community Health Workers. Priority will be given to home visitation Nurses who have a valid Arizona RN license and certification of training in child development and home assessment methods. Allied health professionals would require certification of training in child development and home assessment methods and preferably have experience with working with families with children prenatal-five years who are considered at risk. All staff conducting developmental screening or other screening using standardized or criterion-referenced tools must receive training to administer these tools through a formal training program approved by the administering agency of that tool.

Identified strategies must be inclusive of Nurses and Community Health Social Workers. Service providers must demonstrate a history of collaboration and plans for program collaboration with other service providers and community resources as well as how they will specifically serve the region in which they are receiving funding. There should be a team approach within each applying agency between home visitation Nurses and Allied Health Professionals/Community Health Workers. Organizations that apply will need to have the capacity to house both Home Visitation Nurses and Community Health Workers or multiple organizations that provide one or the other type of staff can collaborate to apply. Service providers will need to specifically outline the roles of each partner with the expectation that the Nurse Home Visitor would assume the leadership role in case management and service coordination. However, either a Community Health Worker or Nurse Home Visitor can deliver the service to families. The level of intervention (Nurse Home Visitor versus Community Health Worker/Allied Health Professional) should be proportionate to the level of services needed in the region, with the foundations from the Nurse Home Visitor Partnership model adapted to the region. In addition, other programmatic staff must be knowledgeable of geographical area that they will serve.

Using a family-centered and strengths-based approach, the program 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 services should address:

- All domains of child development (physical, cognitive, social, emotional, language, and 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)
- 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).

Established and emerging research should be the foundation of parent education and family support curricula, training, materials and services. Service providers are required to identify the evidence-based curriculum that will be used for the proposed program as well as describe current evidence-based curriculum utilized, staff qualifications, supervision and training that will support the successful implementation of the curriculum. Preference will be given to approaches that are research-based and to service providers who can demonstrate positive outcomes for the target population. Strategies must be research-based and demonstrate positive outcomes for the vulnerable and or disenfranchised families in the region.

Service providers must have a mechanism in place to provide families with information and support in each of the core areas of child development listed above and to work with families to mobilize formal and informal resources to support family development. Program staff should advocate, with the families, for services and systems that are fair, responsive and accountable to the families served.

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. Service providers must demonstrate a history of collaboration with other service providers and community resources as well as existing and planned collaborations that will be utilized for successful program implementation. Service providers are expected to have the immediate capacity to network and collaborate with other service providers to better provide and coordinate the services families need.

Service providers must demonstrate how they intend to ensure that the most disenfranchised and vulnerable families (who are participating in this program) who are in need of

transportation assistance to medical services are provided with transportation services, including the coordination of service pick up and drop off schedules. \$100,000 must be budgeted for transportation services to meet the needs of these families, which will begin on an agreed upon service delivery date within Fiscal Year 2010. Service providers who propose implementation of transportation services must provide an example of eligibility criteria to be utilized, which must include income level, need for transportation and how transportation services would be issued. Assistance with transportation would only be made available to eligible to the most disenfranchised families for transportation directly related to prenatal care and transportation to the child's medical home, beginning within Fiscal Year 2010. The Central Pima Regional Partnership Council encourages the service provider to work in collaboration with a pre-existing transportation-based agency who currently works with at-risk families, particularly those agencies who transport children birth to five with special medical needs and pregnant mothers.

Service providers will utilize the First Things First AZ Parent Kit as a piece of the curriculum for the Nurse Family Visitation/Community Health Worker Home Visitation to Support High Risk Families strategy (See Central Pima Strategy #10 Parent Kits) on an agreed upon service delivery date within Fiscal Year 2010.

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 First Things First 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. Service providers of First Things First and the Regional Partnership Council will be required to attend meetings and workgroups in the regional partnership area being served. 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 partnership council area 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 at least four regional meetings/workgroup meetings held within the regional area, at least one cross regional partnership council meetings/workgroups held in various locations in the regional area

defined group, and one 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).

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 showing increases in knowledge and skill after receiving services (minimum pre-post questions provided by First Things First staff)/actual service number
- Number of families reporting satisfaction with parent kit and assistance (minimum questions provided by First Things First staff)/actual service number
- Number of Parent Kits distributed by location/proposed service number
- Number of Parent Kits supported by visit or coaching/proposed service number

- 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
- Home Visitor attrition
- 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 #-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/actual service number
- Number of children with complete immunizations/actual service number
- Number of expectant mothers receiving regular prenatal care/ actual service number
- Number of children having dental visit before age 1/ 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