



FIRST THINGS FIRST

The right system for bright futures

Dear Home 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 Cochise Regional Partnership Council has chosen to expedite strategy one with \$ 1,197,455.00 allotted to fund this expedited strategy.

To be considered, home visitation programs must meet the following criteria:

- Provides comprehensive home visitation services that address the immediate health, safety and welfare of children birth to age 5. Programs will provide primary prevention as opposed to intervention services. (Services that provide direct cash benefits, such as emergency assistance for rent, utilities or transportation; community parent education classes; 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.)
- Provides services that are in compliance with FTF Home Visitation Scope of Work and Standards of Practice
- Immediate capacity to serve families
- Is current service provider in Arizona
- Serves targeted geographic area or demonstrates capacity to immediately expand to that area
- Will 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 Cochise Regional Partnership Council will engage in a process to immediately identify a provider to implement these strategies. If you are a Home 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 mavant@azftf.gov by **March 23, 2009 by 5:00 pm** for consideration. If you have any questions, please contact Diane Umstead at (520) 628-6650 or email dlumstead@azftf.gov; Regional Manager for the week of March 16-20, 2009 and Melissa Avant; Regional Coordinator thereafter at (520) 378-3280 or email mavant@azftf.gov.

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

Sincerely,

Melissa Avant
FTF Cochise Regional Coordinator

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FIRST THINGS FIRST
Cochise Regional Partnership Council

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Scope of Work

The Cochise Regional Partnership Council (RPC) has identified the need for regional implementation of the following strategies: 1. To encourage existing home visiting programs to expand their areas of service delivery to the more isolated communities that are not served at all. 2. Expand or establish new home visitation programs that support parents and caregivers in their ability to promote their children's optimal development and health. 3. Support, enhance and implement home visitation programs and services that provide parents and caregivers access to information, resources and high-quality social support.

The Cochise Regional Partnership Council encompasses the geographic boundaries of Cochise County. The intended target population of this funding opportunity is families with children birth to five years who reside within Cochise County with an emphasis on the North Eastern part of the county: Examples include but not limited to: Willcox, St. David, Elfrida, Bowie, Kansas Settlement, and Portal. This strategy is intended to target all communities within the region with priority given to programs serving pregnant women, teen parents, and grandparents raising their children.

A regional needs and assets assessment of the region 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. Generally, children are not receiving appropriate and timely well-child visits and immunizations.

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.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 perform better academically and emotionally.²

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/>

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.³ 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.⁴ The Canadian Task Force on Preventive Health Care recommends early childhood home visitation programs for preventing child maltreatment in disadvantaged families.⁵ Family support is the foundation for enhancing children's positive social and emotional development.⁶ 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:

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 families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- 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:

- 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.

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

³ 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.

⁴ 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.

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

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

- 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 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 visiting is a long-standing, well known prevention strategy used by agencies to improve the health and well-being of families, particularly those who are at risk. Early investments in home visiting programs have been shown to reduce costs and aid in children's optimal development. Applicants are required to continue the use of existing home visiting programs but expand their areas of service delivery to the more isolated communities within Cochise County that are not served at all. This allows for partnership/collaboration with the different agencies and aids in building existing resources/models and allowing the expansion to areas not currently served. It is expected that home visitation programs funded by First Things First will 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:

Home visitation programs funded under this RFGA 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:

- Programs must engage the family to assess their status using research supported tools to identify strengths and needs.
- Applicants must identify the tools currently used in practice or use the Life Skills Profile
- Programs will 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, frequency and duration of home visits and a plan for transition from home visitation.

- Programs must 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)
- Programs should provide service coordination with other community resources to make an effort to minimize duplication and to ensure that families receive comprehensive services as needed
- Applicants must also identify outreach, engagement and retention practices with participants/families.

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.
- Support for the Home Visiting practitioner- qualifications, training, caseload, regular opportunities to reflect and debrief.
- Support for families: Frequency and duration of visits, etc., clearly defined objectives, builds healthy relationships between parent and child, case management and referrals are coordinated and family-centered, parents are engaged as a critical part of the program.

Implementation Consideration:

- Priority will be given to programs that expand their services to rural or un-served areas particularly the Northeast region of the county.
- Enhance family support through programs that are both evidence-based and relevant to Cochise County.
- Preference will be given to approaches that are research-based and to applicants who can demonstrate positive outcomes for the target population.
- Applicants must demonstrate a history of collaboration with other service providers and community resources.

The purpose of this funding opportunity is to allow for the expansion of existing evidence-based home visitation programs, allowing them to expand to target populations they do not currently serve or to expand existing programs to deliver services to all families with emphasis on un-served or underserved geographic areas. Applicants 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.

Applicants must show staff qualifications, supervision and 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.

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 applicants will be required to attend meetings and workgroups in the region being served to identify, develop and implement mechanisms around coordination and collaboration. Successful applicants 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 applicants will also participate in cross regional and statewide work that may include additional workgroups and meetings. In order to accomplish these tasks, applicants 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 applicant's budget and calculated using the State of Arizona travel policy as described on the budget narrative worksheet.

Approximately \$1,197,455.00 is available for award with the expectation that one or multiple awards may be made. Costs range from \$1000-\$10,000 per family depending upon intensity of program. Costs must include:

- Staff
- Mileage
- Staff Training
- Outreach and Promotion
- Screening Instruments including training to utilize tools
- Curriculum
- Space
- Supervision

The National Resource Center for Child Abuse and Neglect Prevention FRIENDS Factsheet, *“Home Visiting Programs: A Brief Overview of Selected Models”* (December 2007) reported the following approximate program costs:

1. Healthy Families America-\$3500 per year per family
2. Home-based Instruction for Parents of Preschool Youngsters (HIPPY)-\$1250 per year per family
3. Nurse-Family Partnership-\$5000 per year per family
4. Healthy Steps-between \$402 and \$933 per family in 2000 dollars
5. Parents as Teachers-\$2000 per year per family
6. The Parent-Child Program-\$2400 per year per family
7. Early Head Start-in 2002, the average cost per child was \$10,544

The program costs listed above are based upon national data. Local costs may vary.

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 Applicants 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 Applicant in this Request for Grant Application. 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 Applicants 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, Applicants 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. Applicants 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
- 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 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 (minimum questions provided by First Things First staff)/actual service number