



FIRST THINGS FIRST

The right system for bright futures

March 17, 2009

Dear Home Visitation and/or Community Based Family Education 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 South Pima Regional Partnership Council has chosen to expedite strategy three, Home Visitation/Community Based Family Education, with \$525,000** allotted to fund this expedited strategy.

To be considered, home visitation and/or community based family education 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

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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 South Pima Regional Partnership Council will engage in a process to immediately identify a provider(s) to implement this strategy. If you are a Home Visitation or Community Based Family Education provider that meets the above FTF criteria and you wish to be considered, please complete the Agency/Program Profile and submit it electronically to Eleanor Droegemeier at edroegemeier@azftf.gov by **March 24, 2009 by 12:00 p.m.** for consideration. If you have any questions, please contact Eleanor Droegemeier, Regional Coordinator, in writing at edroegemeier@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 1, 2009. Thank you for your willingness to serve the children of Arizona.

Sincerely,

Eleanor Droegemeier
South Pima Regional Coordinator

Home Visitation and/or Community Based Family Education Scope of Work

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

- Expand or establish new home visitation programs that support parents and caregivers in their ability to promote their children’s optimal development and health
- Support, enhance and implement home visitation programs and services that provide parents and caregivers access to information, resources and high-quality social support
- Provide community-based family education and information programs

The South Pima Regional Partnership Council encompasses the geographic boundaries of South Pima County including Ajo, Arivaca, Green Valley, Sahuarita, Sasabe, Vail, Amado, Three Points and some southern and eastern Tucson zip codes. The region includes the following zip codes: 85321, 85601, 85602, 85614, 85629, 85633, 85637, 85641, 85645, 85706, 85730, 85735, 85736, 85747, and 85748, deducting the portion of the Tohono O’odham Nation in South Pima County.

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 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 geographic areas including rural communities.

Service providers must serve families within the geographic boundaries of the South Pima Regional Partnership Council.

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. Surveys and interviews indicate that existing programs do not have the capacity to serve all the families that can benefit from these services, particularly in smaller outlying and rural communities.

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, perform better academically and emotionally.²

The research suggests that the best home visiting programs have been able to help parents learn parenting skills, increase confidence in their parenting skills, promote appropriate parent-child interactions and increase linkages with community services including health and social services.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 and they also need access to resources to be the best parents possible. Family support is the foundation for enhancing children's positive social and emotional development.⁷

Although parent education and information programs are providing support and services, very few have demonstrated an evidence-based approach. However, based upon existing research, certain program elements have been identified to be indicators of quality in community-based family education and information programs that help families meet outcomes.⁸ These include: program design and content implemented with fidelity, program relevance, high quality staffing and monitoring activities.⁹ For example, programs that involve both parent and child demonstrate a positive impact upon outcomes.

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.

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.

⁷ Meeker, Elizabeth and Levison-Johnson, Jody. Evidence-Based Parenting Education Programs: Literature Search, September 2005. Coordinated Care Services, Inc.

⁸ Ibid

⁹ Hageman, Gretchen, Evidenced-based criteria for family support and parent education programs: Early childhood Iowa, Quality Services and Programs Component Work Group, November 2005

Implementation Requirements:

Service providers must address these specific Goals and Key Measures:

First Things First Goal Area to be addressed:

- Family Support

First Things First Goals to be addressed:

- 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:

- 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 and community based family education 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. The home-based and community based staff 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 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:

1. Follow the FTF Home Visiting Standards of Practice, attached; **or**
2. Follow the FTF Community-Based Family Education Standards of Practice, attached.

3. Engage the family to assess their status using research supported tools to identify strengths and needs. Programs will identify the tools currently used in practice or use a tool such as the Life Skills Profile (ITFI).
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 visits or community based family education sessions.
5. Home visit professionals 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).
6. Community based family education programs offer developmental screenings to parent participants (ASQ).
7. Provide service coordination with other community resources to minimize duplication and to ensure that families receive comprehensive services as needed.
8. Promote and encourage language and early literacy development.

Best practices and an evidence-based curriculum must be used and identified in the application. Home visits should occur on a year-round basis at least monthly. Service providers must identify the frequency of visits planned and should base their plan on a research-based model for home visitation. The visits should occur within the home itself. Community based family education programs must occur in locations that are convenient for 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 address how they will effectively provide services in an area where they do not have an office if they are proposing to serve that area.

If selected, service providers must show staff qualifications, supervision and ongoing professional development plans 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. Professionals conducting the home visitation program must have, at a minimum, a CDA in child development or related field or successful prior experience in an evidence-based home visiting/parent education program.

Using a family-centered and strengths-based approach, programs may offer one or more of the following services:

- 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 assessments 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, and resource and referral, and coordination. Services should include 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)

Programs may also help families identify their natural supports such as peer support and provide families with access to family literacy activities.

Community-based family education services must be free of charge and on a voluntary basis. Service providers will need to indicate whether their proposed program serves both parents and children or parent-only and child-only sessions followed by family sessions with opportunities to practice new skills. The critical element is that families have opportunities to practice skills.

Service providers need to identify the curriculum that will be used for the proposed program as well as describe 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.

Programs 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. Service providers will also need to identify how language and early literacy development will be supported through their services.

Interested providers must demonstrate a history of collaboration with other service providers and community resources as well as how existing and planned collaborations will be utilized for successful program implementation. Funded programs are expected to have the capacity to network and collaborate with other service providers to better provide and coordinate the services families need. Through this funding opportunity, First Things First encourages existing programs to expand to reach populations that are not currently served.

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 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 service providers that become grantees of First Things First. Successful service providers will be required to attend meetings and workgroups in the region being served to identify, develop and implement mechanisms around coordination and collaboration. Successful service providers will also be required to share data with First Things First and the Regional Partnership Council that will be used for cross regional analysis. Successful service providers will also participate in cross regional and statewide work that may include additional workgroups and meetings. In order to accomplish these tasks, service providers should plan the appropriate budget that would include travel for monthly meetings within the regional area, four cross regional meetings/workgroups held in various locations, and 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.

The evaluation should be directly connected to the Goals, Key Measures, and the Performance Measures and should determine the extent to which the program has accomplished the stated goals and key measures. The evaluation should also measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. Successful service providers agree to participate in the First Things First evaluation and will meet the requirements of the evaluation including, but not limited to,

timely and regular reporting and cooperation with all First Things First evaluation activities. Timely and regular reporting of all performance and evaluation data includes the electronic submission (through the First Things First secure web portal) of performance measures and other evaluation data as proposed by the service provider. Performance measure data must be submitted in its raw form (e.g. number of children served/proposed service number= 52 actual children served/50 proposed service number).

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

