

**Department of Children and Families
Division of Prevention and Community Partnerships
Office of Early Childhood Services
FY11 Annex A Instructions – Healthy Families-TIP**

IMPORTANT: The full contract renewal package goes to your contract administrator. In addition, please be sure to provide a copy of both the completed **Annex A** and **Annex B** for all DCF (DYFS, DPCP, and CBCAP funded) Home Visitation grants (i.e. Healthy Families-TIP, Nurse-Family Partnership, Parents As Teachers, Family Connections, etc.) to the DPCP Home Visitation Program Manager, Sunday Gustin (sunday.gustin@dcf.stae.nj.us).

Annex A – Section 2 Program Information

Section 2.1 Program Name and Service Delivery Information

Complete the designated forms as described in the general Annex A instructions.

Section 2.2 Program Description

The program description now provides a standard narrative for the specific HV models and underscores essential contract requirements for grantees. Please be sure that you are aware of all DCF recommendations and requirements as a funded HV grantee. Read this template language carefully and add agency specific information as requested (highlighted in yellow).

Section 2.2 #1 Provide a brief program/component description and its purpose. All programs must show how they implement *NJ Standards for Prevention: Building Success through Family Support and the Protective Factors*.

The Healthy Families America (HFA) model is an evidenced-based home visitation program (EBHV) that provides in-home health and parenting education, and supportive services to at-risk families, especially those overburdened by stressors that may contribute to child neglect and abuse. HF identifies eligible families through a systematic screening and assessment process conducted during pregnancy or within two weeks of the birth of the target child. Families with a positive screen and assessment are offered intensive, long-term home visitation services from pregnancy to age three. Services are strengths-based and rely on parent/family input and active involvement. Participation in HF is voluntary.

Specially trained home visitors, who often share the families' culture and community, educate families on important issues: prenatal health, infant/child health and development, positive parenting practices, nurturing parent-child relationships, child safety, education and employment, and the prevention of child neglect and abuse. They also link parents/families to existing social service and health care resources.

DHS-DFD and DCF-DPCP are now collaborating to blend the TANF Initiative for Parents (TIP) with the Healthy Families (HF) model to ensure that all participating families benefit from a unified, research-based approach. The program, known as HF-TIP, provides the same research-based parent education and support strategies as recommended by HFA. Home visits provide an added emphasis on education, employment, and family stability and well-being. **[This paragraph does not apply to HF Perth Amboy, a HF-only site.]**

All DCF funded HF sites must adhere to the Healthy Families New Jersey (HFNJ) policies and procedures as set forth by the New Jersey state affiliate, Prevent Child Abuse New Jersey (PCANJ). Program staffing and supervision must be in keeping with the HFNJ program

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standards. HF is based upon a set of 12 Critical Elements which provide a framework for program development and implementation, and assure quality services. All funded HFNJ sites must successfully complete the HFA accreditation process. The HF model and these Critical Elements incorporate the principles outlined in the *NJ Standards for Prevention*. The HF model is strengths-based and emphasizes the importance of focusing on the *Protective Factors* in its work with families.

In addition, DCF has provided funding (through PCANJ) for HFNJ sites to complete training for use of the Parents As Teachers (PAT) *Born to Learn* curriculum as the *core* parenting curriculum in NJ. At present, __ of __ (total) staff have attended the PAT Born to Learn training and this agency (is / is not) an official PAT site.

[Note: Sites may supplement Born to Learn with other parent education materials/handouts—if your agency routinely uses supplemental curricula please identify these here.]

Section 2.2 #2 Target Population

HF-TIP is available to families from pregnancy to age three. Criteria for enrollment includes families during pregnancy or by three months of age. Additionally, the program is available to parents with an infant up to twelve months old if they are currently receiving or eligible to receive Temporary Assistance to Needy Families (TANF), Emergency Assistance (EA) or General Assistance (GA). [TANF eligibility does not apply to HF Perth Amboy, HF-only site.]

Potential clients are screened for a variety of risk factors, including but not limited to teen pregnancy, first-time or subsequent pregnancy, low income, inadequate or no prenatal care, unstable housing, social isolation, depression, substance use, domestic violence and other indicators that place a child at risk of abuse and neglect.

Section 2.2 #3 Service Delivery

Evidence-based HV programs are designed to promote the health and well being of pregnant women, parents/families and their infants and young children. Home visitors work closely with families to develop a trusting relationship, assess parent/family strengths (protective factors) and promote a better understanding of the essential role of the parent (mothers, fathers and other responsible caregivers) in providing a nurturing, healthy and safe environment for their children. While the overall goal is to prevent child maltreatment, the program addresses key factors that are known (evidence-based) to contribute to child neglect and abuse--prenatal health, infant/child health, child growth and development, parenting skills/anticipatory guidance, parent-child bonding and interaction, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. HF sites are required to record visit information and track specified data in the HFNJ data system. This database is overseen by HFNJ state affiliate, PCANJ.

In 2009, DCF developed a standard set of performance indicators for all evidence-based HV programs supported by the department (refer to the attachment, *Annex A - Home Visitation Performance Outcome Measures*). These HV Objectives include three areas of focus--1) process,

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2) impacts and 3) outcomes. Grantees are required to collect the data annually and send it to PCANJ for preliminary review, quality checks and analysis. The data is then sent to DCF for review by the program manager (including DFD for TIP) and the DCF contract administrator. **Please refer to Section 2.2 – Sub-section #7 for Annual Report requirements.** NOTE: In FY2011, HF-TIP sites will transfer from PIMS to the new HFNJ FamSys database. Once PIMS data transition is successfully completed, the \$600 annual fee currently paid to HFA for PIMS will be used for FamSys data management support. After it has been determined that FamSys is fully operational, data reports may be requested more frequently (semi-annually or quarterly), but annually, at a minimum.

Quality Improvement Plan (QIP): In FY2011, funded agencies must demonstrate progress in meeting established program targets. The purpose of quality improvement planning is to ensure that DCF funded programs are effective in reaching and supporting families, and helping families to achieve these core program objectives. Through this process, grantees identify areas for performance improvement to reach optimal levels of program functioning. The QIP will be included as a part of the program’s annual data review (*refer to Section 2.2–subsection #7*). It may also be initiated at other times during the year, as needed, based on the following guidelines:

- 1) Process Measures--Chronic underperformance (i.e. over 3-months) in any of the indicators in Section I - Objectives 1 through 5. *Note: Objectives 6, 7 and 8 pertain to client/family retention rates. Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, PCANJ and DFD will work collaboratively with sites to strengthen performance in this area over the next few years.*
- 2) Impact Measures--Chronic underperformance (over 6 to 12 months) in five or more areas (Section II - Objectives 9a-d, 10a-b, and 11a-i).
- 3) Outcome Measures--All grantees should to strive to reach this set of benchmarks, however, we recognize that there may be variability across target populations and target communities. Performance in these areas will be analyzed on a case-by-case basis.

Note: These are still considered preliminary targets and continue to undergo review and analysis. DCF HV program staff may make further refinements to specific targets, or add additional indicators, after this analysis is complete.

The Quality Improvement Plan will be developed by the grantee agency in consultation with the HFNJ affiliate (PCANJ). The process will include input/consultation from all HV partners--PCANJ, grantee agency, DCF HV program manager, DCF contract administrator, DHS/DFD program manager (for TIP sites) and others, as appropriate. Implementation of the plan will be monitored by PCANJ with administrative oversight by DCF and DFD.

Evaluation and Research Study: All DCF funded evidence-based HV grantees must participate in the statewide evaluation and research study being conducted by Johns Hopkins University.

Section 2.2 #4 Service Delivery Methods

HF services are provided to participating families primarily in the home setting. At times, visits may be conducted in an alternate mutually agreed upon setting, e.g. after school, work or community setting. Visits must be able to accommodate the participant's schedule and may be

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provided at alternate mutually agreed upon times, i.e. early morning, early evening or on a weekend day.

Section 2.2 #5 Access to Services

Generally, HF services are provided in the participant's home. There are no physical limitations that preclude enrollment or participation.

Pregnant women and parents are screened by prenatal care or other health care providers or other community agencies. Once a family is referred to the program they receive an initial contact from the program within three working days and are scheduled for an assessment visit from a Family Assessment Worker (FAW). The assessment process is essentially an interview/conversation with the parent. Content is guided by the questions outlined in the Parent Survey/Kempe Family Stress Checklist. Following the visit, the FAW completes and scores the Kempe. Families that score between 25 to 45 are offered participation in the program. Families with a lower or higher score may be accepted into the program on a case by case basis. Families with high score should be discussed with the HFNJ state affiliate (Prevent Child Abuse New Jersey). [Note: A family with an extremely high Kempe score may require a different level/type of service that offers treatment and/or intervention services not available from the HF program.]

Families that are assessed but not enrolled (i.e. score too low, too high or decline services) are provided with resource information about available/suitable community services and supports, and are assisted with any essential referrals.

Families that meet program eligibility and agree to participate in the program are enrolled and visits are conducted by a Family Support Worker (FSW). The FSW will set up an appropriate visit schedule with the family based on the appropriate level of intensity. Criteria for each level is established by the HFA model and are assigned a case weight as follows:

Level P-1 (prenatal)	2 visits per month (minimum)	Case Weight = 2
Level I	1 visit per week (minimum)	Case Weight = 2
Level M-I (multiples)	1 visit per week (minimum)	Case Weight = 3
Level II	1 visit every other week	Case Weight = 1
Level III	1 visit per month	Case Weight = .5
Level IV	1 visit per quarter	Case Weight = .25
Level 1-SS	2 visit per week	Case Weight = 3
Level X (lost-to-care)	0 visit per week (active outreach)	Case Weight = .5
Level TR	transition to a new worker	Case Weight = .5

Families that are enrolled but inactive, i.e. Level X - lost-to-care, will continue to receive outreach for at least three months.

The FSW and the parent/family collaborate to complete an initial Individualized Family Support Plan (IFSP) within 45 days of enrollment. The IFSP includes measurable family goals (pregnancy, parenting, infant/child, family sustainability, TIP/employment) with ongoing progress documented. A new IFSP is developed every six months.

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The FSW will assist participating families with referrals for health, social service, child care or other community supports as needed and mutually agreed upon.

Staffing/Caseload Requirements:

- HF Supervisor—six staff per 1.0 FTE
- Family Assessment Worker--minimum of 10 assessments monthly per 1.0 FTE (125/year)
- Family Support Worker--caseload caseweight of 30 per 1.0 FTE (Note: at any point in time the FSW will have a caseload of a minimum of 15 families / max of 25 families). Participant caseload/case weight is determined by the number of FSWs.

Discharge Process: Ideally a participant remains enrolled in HF until the family is stable (at level IV), has made progress in achieving key Individualized Family Service Plan (IFSP) goals, has reached specified HV health and well-being performance indicators, and the target child reaches age three. [Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the HFNJ state affiliate, PCANJ.] For a variety of reasons, families may withdraw from the program earlier. Sites are required to track length of participation, reasons for discharge and progress in reaching specified goals and objectives.

Section 2.2 #6 Catchment Area/Neighborhood

Grantees provide services in the homes of participating families. The catchment area for this site is _____(specify county and major at-risk municipalities for your agency--remember all HF-TIP programs are county wide).

Section 2.2 #7 Emergency/Afterhours Contact

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. Most field staff carry cell phones and are instructed to remain in regular contact with the office during the course of the day. In the event of any staff or client emergency _____(briefly summarize key safety policies for your agency).

Emergency contacts for this agency are: _____ (complete this for your agency).

Section 2.2 #8 Unduplicated Clients (Annual Report)

Specify the prior year (12-month) data reporting period, i.e. state fiscal year (7/1 to 6/30) or calendar year (1/1 to 12/31).

Unduplicated HF Data for the Period from ____ to ____:

Completed Referrals or Screens	
Completed Initial Home Visits or Initial Assessments	
Number of Active Families at the start of the report period - % of capacity	
New Families Enrolled during the year - % enrolled prenatally	
Number of Families Discharged during the report period (any reason)	
Subset of these who Graduated, i.e. reached essential goals of the program	
Active Families as of end of the report period	

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Annual Report: Also, note in your renewal narrative that you will submit the full Annual Report for the prior year using the Annex A Performance Outcome Measures (HV Objectives)--due 30 days after the start of the new contact year. When you submit that report, include a brief summary with your analysis of your performance—identify what did your agency did well, main areas for improvement (issues or concerns, e.g. staffing, training, etc.), and note any quality improvement planning (QIP) measures for the upcoming year.

Annual Report Notes:

- 1) Grantees will submit the FY2010 final year-end data (use the one-page Annex A attachment) to DCF after PCANJ review (data sources: PIMS and manual data collection by staff).
- 2) It is recognized by DCF that HF grantees began collecting and reporting data for these objectives in FY2009 on a test basis (pilot year). For FY2010, performance measures will continue to be analyzed and reviewed. Adjustments to performance measures may still be needed and will be made by DCF in consultation with HF partners, as indicated.

Section 2.3 Performance Outcomes

Complete and submit the attached form in lieu of the standard Annex A Section 2.3 form.

Section 2.4 Program Personnel Information Sheet

Please complete all of the information as requested in the general instructions. Be sure to include the first and last name of the employee and educational credentials of HV staff.

IMPORTANT: HV grantees must specify the percentage (FTE) of time allocated for each worker in specific HV roles, i.e. Program Manager, Supervisor, Family Assessment Worker, Family Support Worker and Data Entry/Program Support.

Section 2.5 Level of Service

Complete and submit the attached form in lieu of the standard Annex A Section 2.5 form.