

**Department of Children and Families
Division of Prevention and Community Partnerships
Office of Early Childhood Services
FY11 Annex A Instructions – Parents As Teachers**

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 Parents As Teachers (PAT) 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. While there is still an emphasis on enrolling families early, the PAT program may accept referrals of eligible families at any point in time between pregnancy and the child's third birthday. Once enrolled, families are offered intensive long-term home visitation services through age three. Participation in PAT is voluntary. These voluntary home visits provide an added emphasis on education, employment, family stability and well-being, and school readiness.

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.

All DCF funded PAT sites must adhere to the Parents As Teachers National Quality Assurance Guidelines as set forth by the Parents As Teachers National Center. These national guidelines closely correspond to the *NJ Standards for Prevention*. The PAT model is strengths-based and emphasizes the importance of focusing on the *Protective Factors* in its work with families. Program staffing and supervision must be in keeping with the PAT program standards. All DCF funded PAT sites must successfully complete the PAT accreditation process every 4 years. The NJ PAT State Leader, Prevent Child Abuse NJ (PCANJ), will assist local PAT sites with technical assistance for program planning, implementation, monitoring of level of service and the accreditation process. All DCF funded sites must report data monthly to PCANJ. In addition, all

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sites are required to submit an annual report to PCANJ for data verification/quality review before submission to the national office.

Section 2.2 #2 Target Populations

PAT services are provided to pregnant women, and parents of infants and children up to age three or entry into preschool (service may continue to age five on a case by case basis). While DCF still places an emphasis on enrolling families early (prenatally), the PAT program may accept referrals of eligible families at any point in time from pregnancy through early childhood (age three).

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. Parent Educators 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. Parents learn that they are their child(rens) first teacher. 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, school readiness, family/social support and adult relationships, education/employment, and linkages to needed treatment services, childcare and/or other community resources. PAT sites are required to record visit information and track specified data in Visit Tracker system. This database is overseen by the PAT National Center and access to PCANJ as administrator will be provided.

In addition, all evidence-based HV programs supported by DCF will strive to meet a standard set of performance indicators as set forth in the attached document. These NJ objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Refer to the *Attachment, Annex A - Home Visitation Performance Outcome Measures*. Grantees are required to collect the data and send it to PCANJ for preliminary review, quality checks and analysis. The data is then sent by the grantee to DCF for review by the HV program manager and the DCF contract administrator. At the present time, agencies are asked to report this data to DCF annually (sources: Visit Tracker and manual data collection by staff). PAT sites submit quarterly reports that outline the objectives determined by DCF. In addition, sites provide monthly data to PCANJ on screens, enrollment, terminations, LOS, and home visit completion rates. ***Please refer to Section 2.2 – Subsection #7 for Annual Report requirements.***

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

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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 PAT affiliate (PCANJ). The process will include input/consultation from all HV partners--PCANJ, grantee agency, DCF HV program manager, DCF contract administrator, and others, as appropriate. Implementation of the plan will be monitored by PCANJ with administrative oversight by DCF.

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

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

Pregnant women and parents are screened and referred 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.

Families that decline or are ineligible for home visiting services are still provided with information that is age appropriate, and suitable community resources that will assist with the families current needs.

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Families that agree to participate in the program are enrolled and visits are conducted by specially trained and certified Parent Educators (PE). The PE will jointly develop the PAT program plan and establish an appropriate visit schedule with the family based on the phase of care and the needs of the family. PAT grantees should follow the PAT visit schedule guidelines established for DCF funded programs:

New Enrollees (any age)	Visit at least every 2 weeks for a minimum of 6 months
Pregnancy	Visit at least every 2 weeks until delivery
Birth to 2 months of age	Visit weekly
2 months to 23 months old	Visit at least every 2 weeks
2 years of age and up	Visit at least once a month
Parent Groups:	Quarterly for DCF-funded sites (target all participants)
	<i>Note: Group participation may count as a completed visit.</i>

Families that are enrolled but inactive, i.e. missed three or more consecutive scheduled visits or are lost-to-care, will continue to receive outreach for at least three months.

The PE and the parent/family collaborate to complete an individualized plan to meet the needs of the family, including but not limited to: education on age-appropriate child growth and development, family literacy/book sharing, parent-child interaction, parent socialization/group meetings, developmental screening and other key areas.

The PE will assist participating families with referrals for health, social services, child care or other community supports, as needed.

Staffing/Caseload Requirements:

- PAT Supervisor – DCF funded PAT sites will have a supervisor to staff ratio of not more than 0.5 FTE to four (4) full-time staff.
- Parent Educators - A full-time (1.0 FTE) Parent Educator carries a caseload of 20-24 families.

Discharge Process: Ideally a participating family remains enrolled in PAT until the child turns three (3) years old and enters preschool, has made progress in achieving key PAT family planning goals, and has reached specified HV health and well-being performance indicators. [Note: Families may remain enrolled beyond age three only on a case by case basis after consultation from the PAT State Leader, 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 for your agency).

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Section 2.2 #7 Emergency Procedures/After-Hours Contact

Client and staff safety is an important concern in home visitation programs. All program staff are required to undergo background checks. 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 PAT 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	

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 your agency did well, main areas for improvement (issues or concerns, e.g. staffing, training, etc.), and note any quality improvement measures planned for the upcoming year. *[Please send the DCF contract administrator a copy of your site’s 4th quarter PAT Visit Tracker report, along with your annual report, for the contract file.]*

Notes for FY2010 / FY2011 Annual Report:

- 1) Grantees will be required to complete the DCF HV Performance Objectives report for FY2010 (7/1/10 to 6/30/11) using the current PAT Visit Tracker data. This initial report is a pilot for PAT sites to determine issues, concerns and gaps regarding data collection.
- 2) In FY2011, DCF HV program staff will meet with site staff to discuss identified problems and concerns, refine data definitions, and consult with PAT partners, as needed.
- 3) After it has been determined that reporting problems have been resolved, data reports may be requested more frequently (semi-annually or quarterly), but annually, at a minimum.

Section 2.3 Performance Outcomes

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

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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, Parent Educator 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.