**Department of Children and Families**
**Division of Family and Community Partnerships**
**Office of Early Childhood Services**

## Annex A Instructions – Parents As Teachers

IMPORTANT: The completed contract renewal materials are to be sent to the DCF contract administrator coordinating the contract renewal process. In addition, please provide a copy and electronic version of both the completed **Annex A** and **Annex B** documents for all DCF (i.e., DCP&P, DFCP, and CBCAP funded) Home Visitation (HV) grants (i.e. Healthy Families-TIP, Nurse-Family Partnership, Parents As Teachers, Home Instruction for Parents of Preschool Youngsters.) to the designated DFCP Office of Early Childhood Services (OECS) Home Visitation program specialist assigned to review your contract.

## Annex 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.**

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. Once enrolled, families are offered intensive long-term home visitation services through age three (on a case-by-case basis families can be offered services through age five (See Section 2.2). Participation in PAT is voluntary. These voluntary home visits provide an added emphasis on education, employment, family stability/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 strength-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 Quality Endorsement as set forth by the PAT National Center. The NJ PAT State Leader, Prevent Child Abuse NJ (PCANJ), will assist local PAT sites with technical assistance for program implementation and the Quality Endorsement process. All DCF funded sites must report data monthly to PCANJ. In addition, all sites are required to submit an annual report to PCANJ for data verification/quality review before submission to the PAT national office annually.

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All programs are expected to adhere to conceptual, practice and administrative standards as set forth in the *Standards for Prevention Programs: Building Success through Family Support* developed by the New Jersey Task Force on Child Abuse and Neglect. Grantee program and administrative staff are expected to have knowledge of *the Protective Factors Framework.*

**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).

- All PAT educators need to be trained in the "3-K curriculum."
- Programs will contact DCF to discuss services beyond 3 years.

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). In doing so the PAT Program must have the ability to offer the family services for at least 2 years. For example, a PAT Program that offers services through age 3 should not enroll a family with a child over 1 year old.

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**
EBHV 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. As described elsewhere in this section, home visits are the key service delivery vehicle, and home visitors must adhere to the recommended schedule of visits to ensure that participating families benefit from the full impact of the program.

Documentation and Data Collection: PAT sites are required to record visit information and track specified data in PAT data system. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the PAT data system by the 10$^{th}$ of the month for the previous month. This database is overseen by PAT state affiliate, PCANJ. *NOTE: All PATNJ sites are required to pay the $600 annual fee for the PAT data management system.*

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SPECT Data System: DCF collaborates with the NJ Dept. of Health (DOH) and Family Health Initiatives (FHI) in regards to the Single Point of Entry Client Tracking data system (SPECT). The SPECT data system is utilized by prenatal providers, Central Intake, EBHV sites, and other core programs and partners. To ensure accurate monthly, quarterly, and annual report data, EBHV sites must enter all documentation into the SPECT database by the 10th of the month for the previous month.

DCF has established a standard quarterly report that is inclusive of a set of performance indicators for all EBHV programs supported by the department (refer to the attached word file, *EBHV Quarterly Progress Reporting Form*). These HV Objectives include three areas of focus--1) process, 2) impacts and 3) outcomes. Grantees are required to collect, review and analyze program performance data and send it to PCANJ for preliminary review, quality checks, and then report to DCF on a quarterly basis.

Quarterly Service Reports: All programs are required to send quarterly report data to the designated DCF contract administrator and DFCP HV Program Specialist—using the following standard reporting periods: (The following is the program year for collecting the data required. It may not reflect the contract/fiscal year).

- July 1st to September 30th
- October 1st to December 31st
- January 1st to March 31st
- April 1st to June 30th
- Quarterly reports are due no later than 15 days after the report end date and should accompany the agency's submission of its quarterly *Report of Expenditures*.

Continuous Quality Improvement (CQI): CQI is an essential aspect of service delivery. Funded agencies must demonstrate progress in meeting established program targets. The purpose of continuous quality improvement 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. **Refer to Section 2.2–subsection #8 for additional CQI requirements specific to the program model.**

CQI is initiated throughout the program year and as needed, based on the following guidelines:

a. Target Process / Level of Service (LOS) Measures (Table A)--Chronic underperformance (i.e. over 3-months) in any of the indicators in Table A- LOS, Enrollment, Discharges, Expected Visits and Retention. *Note: Retention is a challenge both nationally and statewide, but it is important to continue to strive to meet national and state standards. DCF, DHS/DFD and PCANJ will work collaboratively with sites to strengthen performance in this area over the next few years*.
b. Performance Objectives and Performance Measures (Table B)--Chronic underperformance (over 6months) in five or more areas Objectives- WIC enrollment, primary care providers, well visit, etc.

All grantees should strive to reach the above mentioned measures and benchmarks; however, we recognize that there may be variability across target populations and target communities. As part of the CQI process, programs respond to the underperformance as part of the quarterly report. Underperformance in any area is reviewed and addressed if corrective action is necessary, additional program data reports maybe requested more frequently. Revisions to mandated reporting requirements for the federally legislated Maternal, Infant, and Early Childhood (MIEC) HV benchmarks will be issued in collaboration with all HV partners. All programs will be required to track and submit the required benchmark data as requested.

*Note: These targets 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 CQI process will include input/consultation from all HV partners--PCANJ, grantee agency, DCF/DFCP HV Program Specialist, DCF contract administrator, DHS/DFD program manager (for TIP site), and other stakeholders/local advisory board (including parent representatives), as appropriate. CQI processes will be reviewed on a regular basis.

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 and any other approved research projects in response to funding requirements. All DCF funded EBHV programs must notify EBHV Program Manager and/or Program Specialist of their participation in any additional research/evaluation studies.

**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.

Each program shall have a monthly parent group meeting or activity in accordance with the "Group Connections" requirement of national PAT as described in the PAT NJ national policy and procedures manual.

The "Group Connections" shall meet at least once a month to address isolation issues and encourage meeting others in the community. A "Group Connection" must include the Parent Educator and at least 2 participants. It is advised that the lesson plan include an area from the PAT curriculum.

Referrals and Linkages:
HV program staff are encouraged to link families with additional resources that provide services in the target community, including other DFCP programs (e.g., Family Success Centers, School-Linked Services, DV support, Strengthening Families childcare providers, etc.), as appropriate. In addition, grantees shall routinely review and update exisiting entries in state, county and local

resource networks and directories, e.g. DFCP's online directory or NJ's 2-1-1 Partnership Database, to ensure complete, accurate and up-to-date information for families and professionals trying to locate HV services.

Local Community Advisory Board:
HV grantees shall establish and/or maintain alignment with the local County Council for Young Children (CCYC) to form an active advisory board.

The advisory board must be an organized active body, which meets at least quarterly to advise/govern the activities of planning, implementation, and assessment of program services. This includes but is not limited to a review of program practices, policies, quarterly/annual performance measures, Continuous Quality Improvement (CQI) efforts, providing input and timely recommendations with respect to program strengths, areas of growth, and improvement. HV grantees are encouraged to integrate and/or develop this advisory role within the broader perinatal and/or early childhood community.

The HV grantee Program Supervisor/Manager (or other program representative) and the advisory board must work as an effective team in the planning and developing of program policies and procedures.

HV grantees must also identify at least one parent/caregiver from each FTE home visitor to invite to the advisory board and collaborate with the CCYC lead agency and/or members to encourage and facilitate parent/caregiver participation.

HV grantees must provide documentation of advisory board activities, have available meeting notes, and attendance records during site visits or as requested. HV grantees must also refer to the DCF Policy and Procedure: Advisory Boards

**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 by prenatal care providers, health care providers or other community agencies. HV sites are expected to be active partners with the local Central Intake (CI) and comply with the business agreements set forth, to ensure easy linkages for eligible pregnant women/parents and families. PCANJ and/or DFCP HV staff will help to facilitate these relationships with CI, as needed.

Once a family is referred to the program they receive an initial contact from the program within three working days and eligible families are offered enrollment into the program.
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. Based upon local Business Agreements/Rules, programs should provide a status report and re-route these families back to central intake for links to alternate services, as appropriate.

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: | Monthly for DCF-funded sites (target all participants) |

Families that are enrolled but inactive, will continue to receive positive, creative outreach for at least 6 weeks and not to exceed three months. The definition of "inactive status" is located in the NJ PAT policy and procedure manual.

The PE and the parent/family collaborate to complete an initial Goal Plan within the first 4 visits. enrollment 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. A new Goal Plan is developed at least every six months.

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 1.0 FTE to eight (8) full-time staff.
- Parent Educators - A full-time (1.0 FTE) Parent Educator carries a caseload of 20 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 with DCF/DFCP Program Specialist.] 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)**
In compliance with the Parents as Teachers Model, all sites must submit an Annual Report to PCANJ via the PAT Portal (PAT National Website) by July 15th (15 days after the end of the program year).

Furthermore, DFCP/OECS requires the Quarterly Report/Year-End Report to be submitted 15 days after the end of the report period. The Quarterly Reports should include explanations why a program may not be reaching a particular objective and what is the plan to make improvements.

It is recognized by DCF that collection, analysis and reporting of data for these objectives is an ongoing process. Adjustments to performance measures may still be needed and will include the federal MIECHV benchmarks. Adjustments will be made by DCF in consultation with PCANJ and HF partners, as indicated.

*NOTE: As noted above in Section 2.2-subsection #3, programs are still required to submit quarterly reports on an ongoing basis during the year.*

**Section 2.3 Performance Outcomes**
In lieu of the standard Annex A Section 2.3 form, PAT programs are to submit the 3-page HV Performance Outcome Form. Grantees must use the PAT template for this form (posted on the DCF website) and insert projected numbers in the blanks (specifically in Objectives 1, 2a and 2b) where indicated for the upcoming year.

**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 provide a breakdown of staff roles and specify the percentage (FTE and estimated hours per week) of time allocated for each worker in the specified HV roles, i.e. Program Manager, Supervisor, Parent Educator and Data Entry/Program Support.** Use the column titled Functional Job Duties to itemize core functions/role with an estimate of the average number of hours per week (e.g., administrative support – PAT data entry and program support 10 hours per week).

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**Section 2.5 Level of Service**
A monthly contracted level of service chart is to be completed for each program/component, if applicable. One program might require several LOS forms to be completed which can be downloaded from the website. This will be indicated to you by the Contract Administrator and/or in the renewal/award letter.

The information on this form is usually utilized as a reference/source document when completing reporting forms during the contract term, when required by DCF.

**Service Type:** Per service dictionary, contact your contract administrator (i.e. individual counseling, residential placement, legal assistance, transportation)

**Description of Unit Measurement**: Indicate what is being used as the measurement for monthly Contracted Level of Service (CLOS), (i.e. beds, rides, sessions, hours)

**Number of Contracted Slots/Units**: Numbers should reflect unduplicated service counts. Unduplicated service counts refers to the practice of counting a customer receiving services only once within a service cycle.

Refer to Annex B2 and or Renewal/Award Letter for this number. (i.e. # of beds, # of rides, # of sessions, # of hours)

**Annualized Units:** Equivalent to the Annual Total under Column 3 on chart.

**Column 1:** Select Month from drop down menu. Month 1 should reflect 1st month of Contract.

**Column 2:** Indicate Actual Number of Expected Days of Service or Units Per Month.

**Column 3:** Indicate total Contracted LOS per month, this could be 'Days of Service' multiplied by Number of Contracted Slots/Units per month or equivalent to number listed in Column 2.

**Annual Totals:** This number will equal annualized number of units to be contracted per program type.