



Thurston Community Network
Preventing Child Abuse & Neglect

Thurston County

Home Visitation Implementation Plan



"To develop and implement a continuum of care
to provide home visitation services for
all Thurston County pregnant women and families
with children up to age three"

Fall 2002

The Thurston County Board of Health is pleased to release the “Thurston County Home Visitation Implementation Plan.” A 26 member Task Force was appointed in the Fall of 2001 and charged with the mission: “To develop and implement a continuum of care to provide home visitation services for all Thurston County pregnant women and families with children up to age three.”

Clearly, home visitation services for our young families have many positive outcomes. This plan documents home visitation best practice research and the process undertaken by the Task Force in developing the Thurston County Implementation Plan. The Plan also recommends specific programs and services and incremental steps of implementation for home visitation services.

For additional information regarding this plan, please contact Mary Williams of the Thurston County Public Health and Social Services Department, at 360-786-5585, ext. 6500 or by e-mail at: William@co.thurston.wa.us

Sincerely,

BOARD OF HEALTH
Thurston County, Washington

CATHY WOLFE, Chair

DIANE OBERQUELL, Member

ROBERT N. MACLEOD, Member

Thurston County Home Visitation Implementation Plan

Why Home Visitation?:

Research has shown that home visitation is a “best practice” found to:

- lower incidence of child abuse and neglect,
- reduce welfare dependence and subsequent pregnancies,
- decrease involvement in the criminal justice system by parents, and
- reduce serious anti-social behaviors in children involved in structured home visitation programs (Kumpfer, Strengthening America's Families, US Dept. of Justice, 1999).

The most widely researched home visitation program (Prenatal and Infancy home visitation by Nurses; David Olds, et al) has 20 years of data to back this finding. A 15 year follow-up study compared families who were enrolled in the home visitation program with a comparison group. The mothers in the families who received home visitation had 79% fewer verified reports of child abuse and neglect, 44% fewer maternal behavioral problems due to alcohol and drug abuse, and 69% fewer maternal arrests. In the case of the 15 year old children in the study, there were 60% fewer instances of running away, 56% fewer arrests, and 56% fewer days of alcohol consumption.

The U.S. Office of Juvenile Justice Delinquency Prevention and “Blueprints for Violence Prevention” (Colorado) reports home visitation during a women's pregnancy and first two years of a child's life has long-lasting positive outcomes. It has been found that families exhibiting child abuse and neglect responded best to interventions incorporating home visits (Best Practices of Youth Violence Prevention, 2000).

Nationally, approximately three million children are reported as abused or neglected each year. More than 1/3 of these referrals are confirmed. Between 1,200 and 1,500 children die each year as result of parent or caregiver maltreatment. One in three of child abuse victims are infants less than one year of age.

In the year 2000, 832 Thurston County children (age birth to 17) were referred to State Child Protective Services as victims of maltreatment and judged to merit an investigation after an initial screening. Of these referrals, 548 children were determined to be victims of maltreatment. Maltreatment includes

sexual abuse, physical abuse, and neglect. Many of the children experiencing such maltreatment will need costly placement and treatment services. In spite of these services, many will face educational and employment challenges and a disproportionate number will become involved with the criminal justice system.

Home visitation is a proven strategy for early intervention that prevents these tragic failures. Dollars spent on home visitation services will save dollars which may have otherwise been spent on remedial services such as child welfare, special education, medical care, foster care, juvenile and adult criminal justice services.

Robin Karr-Morse, in her book Ghosts from the Nursery: Tracing the Roots of Violence, states: "When we think of crime prevention programs, we may think of boot camps, midnight basketball, drug education classes in schools, or organized neighborhood watches. However, an April 1997 report to Congress by a team of criminologists found none of those to be particularly effective. By contrast, the study reported that infant *home-visitation programs appear to have lasting effects* because problems are dealt with early."

Thurston County Home Visitation Task Force:

Early in 2001, the Board of Thurston County Commissioners established goals for Thurston County government. One of the highest priorities is a focus on prevention and intervention services to strengthen families. Specifically, the Commissioner's strategy to implement this goal is to implement home visitation services for all newborns. The Commissioners directed the County Public Health and Social Services Department, in collaboration with the Thurston County Public Health and Safety Network, to initiate a planning process to implement the Board's vision. A task force was appointed by the Commissioners to develop an implementation plan.

Twenty-six (26) individuals were appointed as members of the Thurston County Home Visitation Task Force. The intent of Task Force membership is to create a blend of policy makers, community leaders, and individuals who have a knowledge of home visitation service delivery. A diverse representation of members include rural community, local elected officials, medical, education, children and family service providers, faith community, Indian tribal communities, juvenile and criminal justice, State child protective/child welfare, social service providers, child/family advocates, and voluntary organizations. A list of Task Force members, and organizations that they represent is Appendix I

of this plan. Also included in Appendix I are the Task Force “operating rules” outlining how business is conducted. The Task Force’s first meeting was in September 2001. They completed the implementation and resource development plan in the Fall of 2002.

Task Force mission and goals:

The mission of the Task Force was:

“To develop and implement a continuum of care to provide home visitation services for all Thurston County pregnant women and families with children up to age three (3)”

To reach this mission, the goals of the Task Force were:

- Review current home visitation services available in Thurston County,
- Review, analyze, and evaluate outcome-based home visitation models,
- Develop consensus to form a continuum of care for outcome-based home visitation services in Thurston County,
- Propose an implementation plan (including outcome-based evaluation) and budget for the proposed continuum of care model,
- Promote and support fundraising efforts to implement the proposed plan, and
- Periodically review outcomes of home visitation services; report to the Board of County Commissioners/Board of Health with recommendations and/or corrective action, if indicated.

Home Visitation Values and themes:

The Task Force identified shared values and beliefs regarding home visitation in the Thurston County community. The following is the result of their discussion:

Overarching Beliefs

- *The mission of promoting safe and healthy families must have support from the entire community.*
- *Home visitation services should be universal.*
- *Home visitation services should be accessible by the geographically, economically, and culturally diverse populations of Thurston County.*
- *Home visitation builds community infrastructure by helping to improve health, education, social, and justice system outcomes.*

Themes

- *A broad range of stakeholders ought to have a role in the planning, delivery, and evaluation of a universal home visitation program. I identified stakeholders include, but are not limited to consumers, governments, social*

- *service and health care providers, educators, faith based groups, tribes, and businesses.*
- *Community engagement and inclusion should be approached through stakeholder task force and committee work as well as through a broader public education campaign.*
- *Model design and implementation should be driven by known research findings, but guided by the unique resources and needs of Thurston County.*
- *The selected model should be flexible to provide the intensity and duration of services based on individual need. A well researched and clearly designed family assessment protocol should be used to identify need.*
- *Practices should be non-stigmatizing, individualized, family friendly, and culturally competent. Providers should include a mix of professionals, para-professionals, mentors, and natural helpers when this can be accomplished without jeopardizing program integrity.*
- *The funding base should be broad, diverse, and blended. Sources should include health insurance providers, government, foundations, non-profits organizations and business.*
- *The Home Visitation system should build on the funding and service delivery base already created by such programs as "First Steps."*

Home visitation program model selection:

The Task Force identified "critical elements" of home visitation services. The elements were divided into five categories: philosophy and values, community engagement, data and information, best practices, and finances. The complete list of critical elements is found in this document as Appendix II.

Task Force staff conducted a literature review to locate home visitation models which would fit the Task Force criteria. Twelve (12) existing programs were identified as potentially meeting the criteria. The 12 programs are listed in Appendix III. Each of these programs were researched to find the following information:

- Target population which is served, including eligibility criteria
- Goals and objectives of program
- Description of services provided
- Sources of funding
- Program budget (revenues and expenditures), including cost per client
- Cost savings realized
- Staffing requirements, including training
- Outcomes and evaluation results

Each Task Force member was provided the above information for each of the 12 program models. Each program was reviewed and rated independently by each member, based on criteria developed by the Task Force. The rating categories included practice and services, staffing, outcomes and evaluation, funding, and overall impression. After conducting their independent review and rating, scores were collected and shared. Five programs were grouped together as the most highly rated. Representatives from each of those five programs were then asked to meet with the Task Force to further describe the programs, and provide an opportunity for Task Force members to ask questions. One program was not able to meet with the Task Force since it was based out of State. One program is currently operating in Thurston County, the State funded First Steps program. The other three programs which received the highest rating are: Healthy Families America, Parents as Teachers, and The Prenatal and Early Childhood Nurse Home Visitation Program (Olds model). The brief overview of these three programs, and First Steps is Appendix V. The Task Force voted to select all three highest rated programs to be included in the Thurston County home visitation service system. Further, the Task Force clearly identified the Olds program as being most effective and appropriate for high risk families. The other two models (Parents as Teachers and Healthy Families America) would be offered to NON high risk families.

Home Visitation System Coordination:

A thoughtful and systematic approach will help increase home visitation service efficiency, and therefore improve the likelihood of achieving service and fiscal outcomes.

One organization (or consortium) must be designated as the “hub” for community service coordination. Elements of “coordination” include:

- Convene and facilitate home visitation service provider group meetings. These meetings provide an opportunity for peer support, brief training, review of evaluation results, development of community standards of care (best practice), and identification of and planning to meet training needs.
- Organize and provide regular and periodic training for home visitors, paying particular attention to the three selected program models.
- Develop and promote a system of quality assurance by conducting on-going evaluation of home visitation services. Track critical outcomes from all service providers. Analyze and share results; facilitate and encourage service changes as indicated.

- Convene and implement resource development strategies to seek revenues to maintain, enhance, and augment home visitation and continuum of care services.
- Coordinate community information/education efforts regarding home visitation and related service issues and needs.
- Represent the home visitation service system in a variety of community settings.
- Seek out and encourage new home visitation service providers, especially organizations which provide services to underserved populations.

The minimum staff times needed to perform the above functions are one-half time Coordinator, and one-quarter time administrative support. The Coordinator should have the following skills and attributes:

- Expertise and experience in convening and facilitating community groups,
- Understanding of dynamics and issues of high-risk families,
- Knowledge of selected home visitation program models,
- Ability to develop training curricula, and secure trainers as needed,
- Experience in successful resource development, including grant writing,
- Skills and experience in data gathering and analysis, program monitoring and evaluation,
- Excellent persuasive skills, including verbal and written methods.

The cost of the coordination function (.75 FTE) is approximately \$60,000 per year.

Service Delivery Assumptions:

The Task Force reached consensus in describing basic characteristics of the Thurston County home visitation service system. Those characteristics are:

- All pregnant and delivering parents should be screened to determine need for home visitation services. Information and referral to community resources would be offered.
- There should be multiple opportunities for assessments, recognizing different child development stages, and
- Assessment of client need drive services. Intensive services would be provided only when the assessment indicated the need.
- Duplication of services should be avoided.

The following table outlines the predicted number of families which would be served for one year. There are approximately 2,500 births per year in Thurston County.

	<i>Non-Medicaid births</i>	<i>Medicaid births</i>
Screening and assessment	1,575 (63% of all births) Cost: \$25,000 for training and coordination; part of pre-natal visits by medical provider	925 (37% of all births) Cost: None ; part of First Steps screen and assessment
High-risk families Olds model caseload of <u>25</u> families per FTE	158 families (10% of births) Using same risk factors as Medicaid, such as domestic violence, depression, smoking, chemical dependency, LES, cultural barriers Nurses needed: six (6) Cost: \$450,000	370 families (40% of births) Based on current First Steps findings Nurses needed: fifteen (15) Cost: \$1,125,000
<i>NON</i> High-risk families	1,103 families (70% of births) <u>Healthy Families America</u> : Caseload of 15 families. Six (6) FTE's @ \$50,000 each would serve 100 families = \$300,000 <u>Parents as Teachers</u> : \$1,000 per year per family; 40 families per each parent educator. 1,381 families served for \$1,381,000 .	278 (30% of births)
Refused service	314 families (20% of births)	277 families (30% of births)
Complementary Services	Offered to ALL families, through referral. Includes parent education, written materials, wrap funds (to meet basic needs of families). 10% of all other costs: \$328,800	
TOTAL	\$3,609,100	

First Steps revenue and services:

The costs outlined in the above table do not recognize revenues generated by the First Steps program. Thurston County First Steps providers served 1,111

clients and were reimbursed \$987,135 during this past year. Maternity Support Services (MSS) clients averaged a total of 7.7 visits. The maximum number of visits allowed for MSS clients is 10 visits during pregnancy and two months post-pregnancy. Maternity Case Management (MCM) clients averaged a total of 9.7 visits, and are eligible to receive 20 visits. First Steps is the initial point of contact for Medicaid clients. The plan as described would augment the current First Steps system by providing more frequent and intensive services and/or continuing services beyond current two months post-delivery time limit. Studies show drop out rates ranging from 20% to 67% depending on local social and economic conditions as well as program quality. Attrition can have a significant, but hard to predict, effect on program cost.

Continuum of Care/complementary services:

There are many excellent services which would be complementary to the selected Home Visitation models. The Strengthening Families organization regularly reviews and analyzes family focused programs. Based on this research, they have developed a list of best practice programs. The Task Force recommends that any of these programs would be a helpful augmentation to the Home Visitation system. The Resource Development Consortium will seek funding for any of these complementary services, as a secondary goal. The following are the programs which are currently noted as best practice for families with children birth to age 5. Additional information about each program can be found on the Strengthening Families Website: www.strengtheningfamilies.org

Program name	Type of service	Brief description
MELD	Group based family skills parent education	Group facilitators also serve as mentors. Groups meet for two years; twice a month. The program curriculum discusses health, child development, family management, community resources, home and community safety, and other parenting needs. Estimated cost: 80 families/\$28,000 per year for group facilitator(s). Typical total implementation costs (including training, child care, etc.) average \$50,000 per year.

<p>Nurturing Parenting Program</p>	<p>Group or home based family Skills training</p>	<p>Weekly group sessions (2 - 3 hours each) for 12 to 45 weeks. Thirteen different program curricula have been developed to best meet family needs (such as age of child, ethnicity, and needs). Program curriculum includes parenting skills, home practice exercises, family nurturing, and child activities. A parents group runs concurrently with a children's group. Training workshops are 2 or 3 days. Curriculum costs range from \$1,000 to \$2,000 depending on the program purchased.</p>
<p>NICASA Parent Project</p>	<p>Workplace parent training</p>	<p>Program focuses on the need to establish supportive networks among working parents. Program curriculum are geared to specific age groups (including birth to 3). Curriculum issues examples include balancing work and family, discipline, learning styles, child development and sibling relationships. The NICASA program includes three videos (\$55 each). Facilitator training is 2 ½ days. Program manuals are \$125.</p>
<p>Project SEEK</p>	<p>Comprehensive prevention program serving children with a parent in prison</p>	<p>The program has 4 components: home visits, advocacy and referral, support groups for children and care givers, and communication with the parent inmate. Objectives include: promote well-being and stability of child, support care giver well-being, maintain communication between parent and child. Estimated annual cost to serve 150 children (100 families) is \$275,000. The cost includes 6.5 FTEs. Training is from 3 to 5 days, costing \$650 per day.</p>

<p>Make Parenting a Pleasure</p>	<p>Group based parenting education and support program</p>	<p>Curriculum based on parent concerns: stress, anger, social isolation, child development, discipline, communication, and parenting competency. Curriculum has 13 written content modules and 10 short videos. Program length varies for 13 (2 hr) sessions to up to one year. Curriculum set is \$895. Training is two days.</p>
<p>Parent Anonymous</p>	<p>Comprehensive</p>	<p>Dedicated to strengthening families through mutual support. Facilitated weekly two hour meetings focus on community resources, and building positive peer relationships. Group members offer 24 hour support to parents who are stressed or in crisis. Cost of replicating this model range from \$2,000 to \$10,000 per group per year. Training manuals and parent handbooks are available at no cost.</p>
<p>Nurturing Program for Families in Substance Abuse Treatment and Recovery</p>	<p>Family Skills training</p>	<p>This program is directed to families affected by parental substance abuse when the parent is in chemical dependency treatment or recovery. Program goals include reducing risk factors contributing to substance abuse, enhancing child/parent relationship, and strengthening parent's sobriety. The curriculum costs \$42. The family activity manual costs \$17. Videos are also used in the curriculum. Training is not required, but recommended. Training formats range from ½ day to 3 days.</p>

Resource development strategy:

In the Summer of 2002, the Task Force formed a "Resource Development Strategy" team. This group identified resource issues, and strategies which address those issues. The Resource development team reinforces Task Force service issue recommendations of: high need service recipients must be clearly identified and special efforts made to enroll those individuals into service, clear and reliable methods must be used in selecting service recipients, and an incremental implementation plan must be developed.

Specific recommendations for resource strategies include:

- A long-term relationship with one or two funding organizations is essential. This does not preclude blending additional funds from a number of sources.
- In order to assure sustainability of funds, the Home Visitation system should build on First Steps funding and program infrastructure and tap additional public funds which are linked to home visitation goals.
- A broad mix of funding should be sought. Possible funding sources include, but are not limited to: State and/or local government initiatives, federal government funds (such as juvenile justice delinquency prevention or maternal/child health), drug interdiction funds, corporate donations, health insurance, and private foundations.

A *Resource Development Consortium* should be formed to further develop and implement a home visitation resource development plan. The composition of the Consortium should broadly represent different perspectives and expertise of resource development and home visitation service delivery. The minimum core group membership should include:

- United Way of Thurston County
- A private non-profit First Steps provider
- Thurston County Public Health and Social Services department
- Thurston Community Network
- Business representative
- Group Health Cooperative
- State Department of Health, maternal and child health

The Consortium would be staffed by the Home Visitation Coordination team.

The members of the Consortium would develop a work plan, based on the incremental service plan recommendations. The resource development plan would build on and maximize current home visitation resources. At minimum, the work plan would include:

- Refine the service implementation plan, including tasks and timelines.
- Develop a budget for each element of the service implementation plan and coordination function.
- Develop a resource development strategy; including possible funding sources, task assignment (grant writing, contacts, research), timelines and targets.
- Seek and secure consultation and advice needed to develop and secure funding.
- Monitor the process and results of grant and funding requests.
- Report progress to the County Board of Health, Home Visitation Task Force members, and other community partners on a regular and periodic basis.

The Consortium members would also develop and enter into a Memorandum of Understanding to clearly define their individual and group roles and responsibilities, such as:

- Commitment to cooperative and collaborative funding of home visitation services,
- Identification of specific expertise and time commitment for fund development,
- Definition and resolution to possible conflicts of interest such as resource development for employer organization versus community system funding.

Incremental Steps of implementation:

It is not reasonable or realistic to expect that the entire described vision for Thurston County home visitation services could be implemented in the near term. The annual cost as outlined on pages 6 and 7 of this plan is for the first year of operation only. It does NOT include costs of serving high risk families for a second or third year as prescribed by the Olds model and recommended by the Task Force. The following strategies would begin implementation in an incremental manner:

- Designate Home Visitation System Coordination organization(s). The Task Force recommends continued involvement and leadership from current coordination organizations: Thurston County Public Health and Social Services Department and the Thurston Community Network. The lead staff for the Task Force have the skills, background knowledge, and desire to serve in this capacity. The continuity of current leadership and expertise is important to maintain the impetus and energy of home

visitation system and service development.

Specific tasks for the on-going coordination function are listed on page five (5) of this plan. The estimated annual cost of this function is \$60,000 for .75 FTE staff and administrative costs. In the short term, the Thurston Community Network and Thurston County Public Health and Social Services Department will continue in this coordination role. Funds to support this function must be included in the resource development strategy and plan.

- The Task Force recommends that resource development should initially be directed to two of the three selected program models, Olds and Parents as Teachers.

- The third model (*Healthy Families America*, HFA) is currently in negotiation with the Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) to serve as the lead agency in the State for the HFA model. The Task Force recommends that the HFA national organization and WCPCAN be sent a copy of the Thurston County Home Visitation Implementation Plan, and encourage that HFA be established in Washington State. Further, the Thurston County community should be offered as a demonstration site for program implementation.

- The *Olds* model is the service program most suited for the highest need families. The Olds model strongly encourages a minimum of four nurses serving 100 families. The estimated cost of four nurse FTEs is \$325,000. Considerations to implement this program include:
 - The University of Washington hosts an Olds model consortium. Efforts will be made to join this consortium, which would provide peer support, data gathering and analysis, program updates and information, and possible resource development.
 - A “request for qualifications” (RFQ) will be initiated to identify potential providers for this service. The RFQ would emphasize current and future capacity and expertise. First Steps providers and other child/family serving agencies would be invited to submit a proposal.
 - A screening/assessment tool will be developed based on client need. The highest need families will be enrolled in this program.
 - Specific funding strategies to gain Olds model funding will be developed by the Resource Development Consortium.

- The *Parents as Teachers* model costs approximately \$1,000 per family. During the first year of implementation, \$50,000 is the fund raising target. This amount would provide funding to serve 40 families and train parent educators.
 - A PAT certified trainer has been in contact with Task Force staff, and is eager to work with the community in initiating PAT. A group in King County is also interested in implementing PAT. We will try to set up training with King County in order to share training costs.
 - Parent educator organizations will be invited to participate in training. Based on the response to this invitation, the number of trainees may need to be limited for the initial training.
 - Specific funding strategies to gain funding for the PAT model and related training will be developed by the Resource Development Consortium.

Future activities and tasks:

The systems coordination function will be responsible for development and implementation of an overall work plan. The resource development consortium activities will be a primary focus, especially during early phases of implementation. A number of other considerations require on-going attention:

- It is critically important for the Home Visitation Coordination staff to be involved in a variety of local and Statewide child/family capacity building efforts. Current examples include United Way's Success by Six and Community assessment, Family Policy Council, and Children's Budget Coalition.
- It may be helpful to identify specific target population(s) which would benefit most from home visitation, especially given limited financial resources. Specific target groups examples include:
 - Ethnic minorities: The 2000 Kids Count data shows that between 1996 and 2000, 29% of Hispanic women, 28% of Native American women, and 24% of African American women did not receive adequate pre-natal care.
 - Limited English speaking families who are socially isolated.
 - Rural residents, who may have difficulty reaching services in the urban core.
 - First time parents who are assessed to be at high risk.
 - Teen parents.
 - First Steps clients identified to need more intensive services.

- Service outcome measures, service monitoring, and program evaluation are critical elements of service delivery. Close attention to program outcomes, data collection and analysis must result in quality improvement, and where indicated, shifts in program focus.
- Community information and education regarding the importance of home visitation is vital in establishing this service as a community norm and practice.
- Beyond a public awareness campaign, specific service eligibility and referral information must be readily available throughout the community. Information will be sent to pre-natal and early childhood service providers on a regular and periodic schedule. Examples of such service providers include, but are not limited to: medical providers, child and family social service providers, First Steps providers, elementary schools, child care providers, early childhood education providers, Headstart, faith communities, and state and local governments.
- Periodic updates of home visitation system progress will be developed. This information will be shared with key stakeholders (including Task Force members) using a variety of methods; such as press releases, brief written reports, e-mail, or oral briefing sessions.

Appendix I

Task Force Membership
Member Job Description
Task Force Work Rules

Thurston County Home Visitation Task Force Membership

Name	Organization	Title
Lois Anderson	Group Health Cooperative	Consultative Services practice team manager
Cindy Cecil	Yelm Community Services	Executive Director
Amelia Cobb	Community Action Council	Family Services Director
Sandra Coplton	Military New Parent Support	Project Director
Wendy Cox	Community Youth Services	Program Manager
Mary Dean	City of Lacey	City Council member
Maddy deGive	North Thurston Schools	Staff and Student Services Director
Nancy DuFraine (or Jim Sherrill)	Chehalis Indian Tribe	Education Director
Kathy Erlandson	Associated Ministries	Director
Maureen Fitzgerald	Children's Justice and Advocacy Center	Coordinator
Michael Holroyd	Cooperative Extension	Youth Development Chair
Doug Jena	Providence Sound Home Care and Hospice	Administrator
Christina Johnson	Thurston Community Network	Co-Chair
Susan Kavanaugh	Child Care Action Council	Director
Gary Livingston	Educational Service District (ESD) 113	Superintendent
John Masterson	Behavioral Health Resources	Executive Director
Corinne Newman	Thurston County Juvenile Court	Administrator
Diane Oberquell	Thurston County	County Commissioner
Ken Patis	State DSHS/Division of Children/Family Services	Social Work supervisor
Dusty Pierpoint	Lacey Police Department	Lieutenant
Diana Rice	Thurston County Health	Supervisor, Health education and health promotion
Mary Segawa	TOGETHER!	Assistant Executive Director
Elizabeth Seigel	Nisqually Tribe	Nurse Practitioner
Lynne Shanafelt and Lynn Flaisig	Headstart/ECEAP	Community Outreach coordinator
Pam Toal	United Way	Director
Karen Valenzuela	City of Tumwater	City Council Member

THURSTON COUNTY HOME VISITATION TASK FORCE

MEMBER JOB DESCRIPTION

Length of Commitment:

Ten to twelve months

Estimated Time Required:

Monthly meeting of 2 hours

1-2 hours per month for preparation and follow up

Sub-committees may be formed, if needed

Desired Attributes:

1. Belief that prevention/intervention services strengthen families.
2. Commitment to home visitation services as a prevention/intervention strategy.
3. A leader in Thurston County.
4. Possess a community-wide perspective.
5. Ability to represent an important perspective, organization or sector of the community.
6. Willingness and ability to provide the required time.

Member role:

1. Participate and deliberate as an active member of the Home Visitation Task Force.
2. Present the perspective you represent in discussions.

Benefits:

1. Opportunity to influence actions and strategies dealing with home visitation, prevention, and intervention services in Thurston County.
2. Opportunity to provide service to your community.
3. Personal and professional growth.
4. Opportunity to represent your profession or segment of the community.
5. Interact with other community leaders.

Thurston County Home Visitation Task Force

Work Rules

1. The **name** of this task force shall be the Thurston County Home Visitation Task Force.
2. The **mission** of the Task Force is "*to develop and implement a continuum of care to provide home visitation services for all Thurston County pregnant women and families with children up to age three (3).*"
3. The **goals** of the Task Force are:
 - a. Review and analyze current home visitation services available in Thurston County,
 - b. Review, analyze, and evaluate outcome-based* home visitation models,
 - c. Develop consensus to form a continuum of care for outcome-based* home visitation services in Thurston County,
 - d. Propose implementation plan (including outcome-based* evaluation) and budget for the proposed continuum of care model,
 - e. Promote and support fundraising efforts to implement the proposed plan,
 - f. Periodically review outcomes of home visitation services; report to the Board of County Commissioners/Board of Health with recommendations and/or corrective action, if indicated.

* "**Outcome-based**" = research shows that implementation of the model yields desired effect. Also termed evidence based, or best practice.
4. These work rules may be **amended** by consensus of the Task Force.
5. **Regular meetings** of the Task Force shall be held on a monthly or as-needed basis. Meetings will be task oriented with agendas prepared and distributed in advance.

6. A **summary** of meetings will be included in the agenda packets for the next meeting. These meeting summaries will include general topics discussed, issues raised, and recommendations made for future sessions and tasks to be accomplished. These are not intended to be typical "minutes" where details of discussions are reported.
7. Task Force members commit to search for creative **community-based solutions** that best serve the interests of the Thurston County community.
8. Task Force members will make a special effort to listen carefully, ask pertinent questions and education themselves and others regarding the needs that must be addressed in a **problem solving atmosphere**.
9. Task Force members accept the responsibility to come to the meetings **prepared for discussion**. Meetings will begin and end promptly as scheduled. On occasion, by general agreement, a session may be extended for a set amount of time.
10. Members who miss more than two meetings and fail to contact staff regarding information missed will be considered **resigned** from the Task Force. Exceptions will be considered.
11. **Subcommittees** may be formed to address particular issues or perform specific tasks. These subcommittees will be formed by consensus of the members. The Task Force will establish the charge of each subcommittee. Persons not members of the Task Force, but who provide special expertise or insight, may be invited to serve as a resource person.
12. **Staff and coordination** will be provided by the Thurston County Public Health and Social Services Department. The Director (or his designee) and Health Officer shall each serve as ex-officio members of the Task Force.
13. **Consensus** is a general agreement that all members of the Task Force understand and can live with the proposal at hand. The goal is to reach consensus on as many issues as possible. In absence of consensus, any report will describe areas of agreement and disagreement. Every effort will be made to clearly and fairly state all points of view.
14. The **final report and recommendations**, and all other reports issued by the Task Force, will be reviewed and approved by the Task Force prior to release to the general public.

Members who find themselves unable to abide by the ground rules will be expected to excuse themselves for the Task Force.

Appendix II

Critical Elements of Home Visitation

Thurston County Home Visitation Task Force

Critical Elements of Home Visitation

(from Task Force brainstorming exercise of October 3, 2001)

Philosophy and Values:

- Continuous quality improvement/training
- May not see benefits of HV for many years—need long term commitment
- Is this TF about program development and/or system change?
- Universal or targeted?
- Involve families (goal: sustainable without this service)
- De-stigmatize parent education and support
- Culturally sensitive and relevant
- Bureaucracy be damned! Just do it
- Family support principles, family strengths
- Natural mentors—coach for effective help
- HV for everyone—target new babies
- Everyone—include adoptions and maybe foster care
- Respect caregiver in family—recognize if ready for services and right to say yes or no
- Question: Needs assessment desired outcomes, multiple programs/visits—avoid welcome wagon
- Components other than HV necessary for success
- HV—community norm—universal---proven public health intervention

Community Engagement:

- Community education about the purpose of home visitation. Home visitation should be seen as a community norm. There is lots of negative stigma now.
- Involve Business Community as stakeholders to sponsor this effort (Fred Meyer, Target, insurance companies)
- This TF gathering is very significant...it works. This meeting does make a difference
- Community buy-in necessary—geographic, providers, etc
- Family members must be involved in process/evaluation

- Strong local government support
- Involve families (goal: sustainable without this service)
- Think about resources not at table (i.e.: Doula organizations, older adults) How do we engage these untapped resources?
- Link HV with other services (seamless) Look at “Natural helpers” within families
- Connections to resources within systems and families
- Engagement takes time
- Collaboration and networking—variety of needs to at least 3 years, 5 year plan ongoing
- How do we reach clients—who do we serve?
- Lots of places (other than home) for outreach—jail, Safeplace, Bread and Roses
- Day care—important resource
- Components other than HV necessary for success
- HV—community norm—universal---proven public health intervention

Information:

- Use the logic model construct to educate, share attitudes and knowledge
- Expand 3rd TF meeting agenda of survey/inventory to include needs assessment
- Continuous quality improvement/training
- Honest about possible outcomes, realistic expectations, rigorous evaluation
- Identify existing HV—expectations/no duplication
- Clear purpose matched to specific activities
- Collaboration and networking—variety of needs to at least 3 years, 5 year plan ongoing
- Funding for evaluation—complete, benchmark and long term
- Follow up tracking as part of evaluation—preschool and school
- Question: Needs assessment desired outcomes, multiple programs/visits—avoid welcome wagon
- Start small: need, pilot, gradual expansion, evaluation, outcome based plan

Practices:

- Is this TF about program development and/or system change?
- Family members must be involved in process/evaluation
- Relationship between HV and family
- Universal or targeted?
- Screened for domestic violence
- Easy accessibility/refer to other resources
- Look at David Olds elements of success (1-7) in handout—Use research
- Streamline/training-recognize different client/type of service
- Peer support for HV
- Affordable for client and provider agency
- Involve families (goal: sustainable without this service)
- De-stigmatize parent education and support
- Link HV with other services (seamless) Look at “Natural helpers” within families
- Clear purpose matched to specific activities
- Connections to resources within systems and families
- Culturally sensitive and relevant
- Listening and flexibility, no set agenda
- Training for service providers
- Support system for providers, supervisors
- Family support principles, family strengths
- Natural mentors—coach for effective help
- HV for everyone—target new babies
- Tangible things that 1st time visitor brings
- 1st visit might be hospital visit
- Everyone—include adoptions and maybe foster care
- Volunteer/paraprofessionals—use in HV—have support and de-brief resources
- How do we reach clients—who do we serve?
- Include both parents (if available); not just moms
- Include families who have babies born outside county (aren't eligible for 1st Steps)
- Lots of places (other than home) for outreach—jail, Safeplace, Bread and Roses
- HV—families may or may not be parents—informal or formal care
- There may be older siblings—need back up plan

- Day care—important resource
- Respect caregiver in family—recognize if ready for services and right to say yes or no
- Start small: need, pilot, gradual expansion, evaluation, outcome based plan
- Components other than HV necessary for success

Finances:

- Strong local government support
- Affordable for client and provider agency
- Think about resources not at table (i.e.: Doula organizations, older adults) How do we engage these untapped resources?
- Bureaucracy be damned! Just do it
- Funding for evaluation—complete, benchmark and long term

Appendix III

Home Visitation Program Models (12 models reviewed by Task Force)

Home Visitation Program Models

(Models are listed in alphabetical order)

1. Beethoven Project
2. CEDEN (Center for Development Education and
Nutrition)
3. First Steps, Washington State
4. Health Start, CARES
5. Healthy Families America
6. Homebuilders
7. Maternal Infant Health Outreach Project (MI HOW)
8. Mother Mentor Project - Group Health Cooperative
9. The Prenatal and Early Childhood Nurse Home
Visitation Program
10. Ohio Welcome Home
11. Panhandle Health Start - Early HeadStart
12. Parents as Teachers

Appendix IV

Program Model Rating Tool

Program name: _____

Reviewer name: _____ TOTAL SCORE: _

Home Visitation Program Model Rating
February 2002

Practice and Services:

Score: _____ (total score possible: 25)

- Goals and objectives are clearly stated, and are in line with the Thurston County Home Visitation Task Force "critical elements"
- Services target families with children (pre-natal) through age 3
- A comprehensive needs assessment is used to determine individual family needs
- Family needs (including special needs) are appropriately addressed
- The frequency and duration of services are flexible and appropriate
- Program model training, manuals, assessment tools, and technical assistance is readily available
- The program is culturally relevant

Comments:

Staffing:

Score: _____ (total score possible: 25)

- The level of staff education, training, and experience is adequate
- Staff are well supervised and supported
- Staff culturally competency is recognized and important
- Initial and on-going family assessment is an important staff function
- Initial and on-going in-service training in an integral part of the program
- Caseload size is reasonable and appropriate

Comments:

Outcomes and evaluation:

Score: _____ (total score possible: 25)

- The program has data which show positive outcomes
- The program includes on-going evaluation to assure quality improvement
- The program is replicable
- The program has evidence of future cost reduction in other systems (such as criminal justice and/or child welfare)]
- The cost per family is appropriate and reasonable
- The program is cost effective

Comments:

Funding:

Score: _____ (total score possible: 25)

- The program is appealing to diverse funding sources
- The program lends itself to incremental (phased-in) funding
- The program could incorporate existing funding mechanisms
- Is the program sustainable over time?

Comments:

Overall impressions:

Circle one: Yes or No

- The program fits the stated beliefs and values of the Task Force
- The program would be a good addition to the mix of services currently available
- This program will work!

Comments:

Appendix V

Brief Description of selected program models

- Healthy Families America*
- Parents as Teachers*
- The Prenatal and Early Childhood Nurse Home Visitation Program (Olds Models)*