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| **FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS**  **Home Instruction for Parents of Preschool Youngsters (HIPPY225)** |
| **REQUIREMENTS FOR FY21:** |
| SCFSBOT Designation: Evidence-Based  *First Steps’ parent home visitation strategies are designed to equip adult clients with the knowledge and skills necessary to promote the school readiness, healthy development and long-term success of their preschool-aged children. Partnerships funding these strategies shall ensure vendor compliance with each of the following:*  Partnerships funding HIPPYUSA shall work in collaboration with SC First Steps to ensure full compliance with national model guidelines. Fidelity of implementation in SC includes meeting the HIPPY Model, Guidance and Accreditation Standards along with a few SCFS-specific additions. The following standards include a mix of both, so the expected Measurement Criteria for HIPPYUSA are attached for clarity.  1) TARGETING:    a) Targeting Clients At-Risk Of Early School Failure  At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):   * A preschool-aged child has been abused * A preschool-aged child has been neglected * A preschool-aged child has been placed in foster care * Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below) * Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3) * A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool) * Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child’s birth) * Low maternal/primary caregiver education (less than high school graduation at the time of focus child’s birth) * A preschool-aged child has been exposed to the substance abuse of a caregiver * A preschool-aged child has been exposed to parental/caregiver depression * A preschool-aged child has been exposed to parental/caregiver mental illness * A preschool-aged child has been exposed to parental/caregiver intellectual disability * A preschool-aged child has been exposed to domestic violence within the home * Low birth weight (under 5.5 lbs.) in association with serious medical complications. * English is not the primary language spoken in the home. * Single parent household and has need of other services * Transient/numerous family relocations and/or homeless * Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year) * Death in the Immediate Family (death of a parent/caregiver or sibling) * Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.) * Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years.   The following condition, while not considered part of SC First Steps’ targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure.  Additional high-risk characteristic tracked by First Steps-funded programs:   * Child was removed for behavioral reasons from one or more child care, Head Start or preschool setting.   b) Targeting By Age (Early Intervention)  HIPPY is designed for families with children 2 – 6 years of age and face various barriers such as limited education, poverty, language and/or isolation.  *Services provided with AmeriCorps funding: Recruitment should start with First Steps 4K students. If caseloads cannot be filled after this first round of recruitment, non First Steps 4K students can be enrolled. Parent Educators must serve a minimum of 8 families within the fiscal year.*  c) Client Retention  In order for home visitation to be effective, it is critical that client families remain in the program long enough to benefit from the planned intervention. Pursuant to national model guidelines, HIPPY programs will provide 30 weeks of activities for parents to use in instructing their children.   * Each partnership will be required to demonstrate its successful, long-term retention of at least eighty percent (80%) of children enrolled complete at least 26 weeks, annually.   *Services provided with AmeriCorps funding: families will receive only one year of service from 4K to enrollment in 5K.*  2) SERVICE DELIVERY:  Fidelity to a published, research-based model  In order to ensure the delivery of high quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. “Fidelity” is defined as complying with model specifications relating to:  a) Home Visit Intensity and Delivery:   * Ensure each child annually receives an activity packet and a set of story books; a set of geometric shapes with replacements as needed. Ensure each home visitor has access to a Home Visitor Guide and two activity packets (as indicated), a set of story books, and a set of geometric shapes. * Monitor records at least twice a month to ensure parents are working with their children five days per week and that the average number of minutes worked per day is reasonable for the age of the child. * If the number of minutes is consistently much less or greater than the average 15-20 minutes per day, determine the cause and if a referral, or other intervention, is needed. * When monitoring records, Home Visitors must review a minimum of 10% of enrolled families’ weekly packets or a minimum of 10 randomly selected files. When completing the review:   a. Pull Pages from 10%, or a minimum of 10, randomly selected files, AND/OR  b. A note indicates the reason for each missing page   * Role play is used throughout the HIPPY program by all participants based on a cycle that begins with the coordinator and staff. * The coordinator and home visitors role play the activity packet specified for that week during the weekly training meeting. During role play, the purpose of the activities and the developmental significance for children is explained. * Each home visitor then engages in the same activities with their child, or with a practice child, in order to gain first-hand experience in how children may react to the activities. * Finally, the home visitors implement the activities one-on-one with their assigned parents. Note: The home visitor role plays the activities with the parent and does not work directly with the child. The parent is then left with a clean packet containing five days’ worth of activities in which to engage with their child. * Coordinator and home visitors repeat the role play cycle weekly with the activity packet for the week and discuss the previous weeks’ activities at the weekly training meeting. * The first home visits each program year are for interested families, providing them with a comprehensive understanding of the program, and obtaining intake information for the application process.   + - When possible, the initial visit will be conducted by the HIPPY coordinator or trained supervisor; the home visitor is encouraged to also join on the first visits with parents. * The curriculum is delivered through home visits for the first 4-6 weeks before incorporating group meetings with home visits. * Home visitors meet with parents in their home at least 90% of the time. * Parents are visited in their home 45-60 minutes by their assigned home visitor. The focus of the home visit is the parent, or primary caregiver, who learns from the home visitor how to use the HIPPY curriculum with his/her child in the home. The child should not be present. If the child is present, strategies need to be employed to engage the child in independent play so that full attention can be given to the parent. * Role playing the HIPPY curriculum with parents is the main activity during the visit. * The length of home visits must also accommodate reviewing the past week’s work, collecting a sample of the child’s work; discussing any challenges the parent and child encountered when completing the previous week’s activity, and addressing any other challenges the family may face (i.e., information regarding community services). * The home visitor leaves the parent with the new weekly materials and a reminder of any upcoming parent meetings or community events. * The HIPPY Coordinator or trained supervisor will accompany home visitors at least 3 times per year in the home of each participating family to observe the interaction between the home visitor and the family, provide supervision, and support home visitors. This practice also increases rapport between coordinators and parents.   b) Group Meetings:   * Group meetings must begin within four to six weeks after home visits have started. * Last approximately two hours * Are held in an accessible facility within the target neighborhood. * Are held a minimum of six times during the HIPPY program year. * Group meetings offer educational enrichment, information and activities that meet the needs of the parents. * Enrichment activities are provided for children during group meetings.   c) Screenings and Referrals:   * Parenting vendors shall document the completion of all developmental screenings within 90 days of enrollment. * Vendors shall seek to ensure that each participating client family is connected with a pediatric medical home and other community services as appropriate. * Each client child shall be assessed using the age-appropriate developmental screening tool Ages & Stages 3 and Ages and Stages SE2 within 30 days of enrollment and annually thereafter. In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child’s pediatric care provider, *and* (b) the child’s zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral. * In addition, the Vendor will recommend activities to assist with the areas of possible concern, continue monitoring the child’s development, and rescreen the child within 60 days post completion of referred intervention. * If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2 in two or more categories and/or if there is a parental concern on the screening questionnaire, the vendor will recommend activities to assist with the areas of possible concern, continue monitoring the child’s development, and rescreen the child within 6 months. * Developmental screenings must be conducted on at least 80% of eligible clients. Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to these services as necessary, and follow up as feasible to ensure that appropriate connections have been established. 60% of families that receive at least one personal visit shall be connected to at least one community resource in the program year. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.   d) Family Assessment and Goal Setting:   * Partnerships or Vendors shall utilize the Survey of Parenting Involvement assessment to refer/ link families to additional interventions as necessary and beneficial – either simultaneously or as part of a planned, multi-year service continuum.   e) Integrated Service Delivery and Referrals:   * Partnerships shall utilize formal or informal need assessments to refer/link families to additional interventions as necessary and beneficial. All referrals to other services shall be entered into the First Steps Data System.   f) Staff Qualifications and Training:   * The HIPPY Coordinator has attended preservice training. The Coordinator has at least a Bachelor’s degree. If course work has not included child development, the coordinator has obtained 24 contact hours of training in early childhood development. * HIPPY Home Visitors are HIPPY parents, former HIPPY parents, or are knowledgeable of the language and culture of the community served. * HIPPY Home Visitors can read, write and speak well in the language of the curriculum they will use with assigned parents. * Home Visitor has a professional development plan based on performance evaluations and career goals.   *Services provided with AmeriCorps funding have AmeriCorps Parent Educator members providing HIPPY home visits.*  g) Ongoing Program Quality Improvement and Professional Development   * The quality assurance process begins with program self-assessment, and subsequently findings are validated by a national trainer. Each site that demonstrates quality programming by meeting all Standards of the HIPPY Model and defined contractual obligations will earn Accreditation status. Accreditation status is awarded with a three-year certification that is valid as long as programming remains fundamentally the same. Detailed information regarding Accreditation is outlined in the HIPPY Model, Guidance, and Accreditation Manual. * The Coordinator evaluates each home visitor’s performance at least three (3) times a year, based on home visits, group and staff meeting observations. * The Coordinator establishes a weekly schedule to train staff in the curriculum to include child development concepts and terminology utilizing the Coordinator Guide.   3) ASSESSMENT AND DATA SUBMISSION:   * All HIPPY program vendors shall complete, at minimum, the HIPPY Survey of Parenting Involvement Pre-Assessment at time of enrollment, and at the 30-week visit (or sooner if a family leaves the program prior to 30 weeks). * Client demographic data, visits and group connections, program referrals, connections to services, screenings, well-child visits, assessments and family needs assessment data shall be collected within the First Steps Data Collection System (FSDC). Program sessions and client attendance shall be entered as group meetings within the FSDC. Program assessments containing numerical scores shall be entered in the FSDC (submit request to SC First Steps to add assessment type(s) to the FSDC).   SEE ATTACHMENT FOR THE HIPPY MODEL, GUIDANCE, AND ACCREDITATION MANUL. |
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