

# **Utah Home Visiting Programs Serving Young Children: A Summary**

April 2000

Compiled by the Committee on the Current Status of Home Visiting

a committee convened by the

Utah Department of Health, Division of Community and Family Health Services  
and Prevent Child Abuse Utah

**The Committee on the Current Status of Home Visiting was convened for the following purposes:**

- 1) To meet the "Goals for Current Status of Home Visiting in Utah Committee" proposed by Prevent Child Abuse Utah in October 1999.
  - A. Identify home visiting programs within the State which are already up and running.
  - B. Research the number of families being served by home visiting programs.
  - C. Summarize the common characteristics shared by each program and also note how they differ in their specific goals, in the level of services they offer, in their staffing, in the groups they serve, how and when initial contact is made, and the duration of services offered.
  - D. Identify who is being offered services, how families learn about home visiting resources, and eligibility parameters.
- 2) To collaborate with home visiting agencies and other Prevent Child Abuse Utah committees.
- 3) To provide a summary of Utah home visiting programs and recommendations suitable for presentation to interested legislators and policy makers.

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## **Review of the Literature**

Recent research on the powerful benefits of early intervention home visiting programs for disadvantaged families (American Academy of Pediatrics, 1998) has motivated a wide variety of public and private service agencies to become involved in home visiting programs. While several different models of home visiting currently exist, not all programs utilize a model to guide their practice. David Olds' model of nurse home visiting, Head Start, and Parents As Teachers are three program models that are currently implemented in Utah with some individual variation. Other home visiting programs function under a philosophy or mission statement, such as the prevention of child abuse and neglect, or the improvement of health status for young children in at-risk families. Many programs have incorporated concepts from attachment and bonding theory as well as recent early brain development research to establish goals that relate to healthy parenting and child development. Social change theory is the framework under which all of the programs operate, having the expectation that the program goals and interventions will effect change in parenting behaviors. Nonetheless, varied results have been documented on the effectiveness of various home visiting programs. (The David and Lucile Packard Foundation, 1999)

Documenting program effectiveness is complicated by several issues. First, most home visiting programs were not established with a research framework in mind; they were typically established to meet a critical need, such as preventing repeated episodes of child abuse in families at risk, as in the Family Preservation Program. Some early intervention programs arose from the need to offer specialized in-home care to children with special health care needs. Public health nurses have been visiting families in their homes for

over 100 years to address problems of health, safety, hygiene, and nutrition. Some programs that lacked research-based data collection methods were at a disadvantage when outcomes reports were commissioned. Since little, if any, outcomes-based data were maintained from the inception of these programs, evaluative reports often made the programs appear ineffective, sometimes causing them to lose funding (Advisory Committee on Head Start Research and Evaluation, 1999). Furthermore, the data that existed may not have been adequate to ascertain the full range of benefits that each program truly achieved. For many years, programs evaluated their outcomes on a case-by-case basis, with no systematic overview of program effect on participants or the problem at large addressed. Now programs are beginning to look at evidence for the short and long-term outcomes of their interventions.

Most of the programs listed in this summary have started documenting effects of interventions on families. It is clear that research-based programs such as the David Olds model of nurse home visiting are beneficial and effective. Studies of the Olds model documented that pregnant women visited by nurses had better maternal and neonatal outcomes (Kitzman et. al., 1997) and that the intervention was very cost effective (Olds, et. al., 1993). Furthermore, Olds and his colleagues determined that the incidence of child injury and accidental ingestion was reduced (ibid.), and that adolescents whose mothers were visited in the first two years of their lives had better outcomes (Olds, et.al.1998). Long-established programs like Head Start are investing in ongoing research studies to verify the previously assumed benefits of their programs. The High/Scope Perry Preschool Project of 1983 and 1993 was the only longitudinal study for a long time that demonstrated that preschoolers who received weekly home visits had better long-term outcomes during adolescence. Now National Head Start longitudinal studies are

underway (National Head Start Bulletin). The Head Start Family and Child Experiences Survey (FACES) conducted by the U.S. Department of Health and Human Services in 1998 showed that Head Start classroom quality is good, children are ready for school, program quality is linked to positive child performance, and Head Start parents are involved with their children at home and in the programs.

Other programs offering home visiting services have commissioned small, private research projects by local research firms to assess program effectiveness. The Early Intervention Research Institute at Utah State University has conducted many such studies for programs listed in this summary, such as FACT (Boyce, Behl & Price, 1998), Baby Watch Early Intervention (Behl & Roberts, 1996) and Family Preservation (Behl & Price, 1999). These private studies provide valuable baseline data and offer recommendations for improving data collection methods and demonstrating actual program benefits.

Another method of evaluation that many of Utah's home visiting programs have adopted is internal record keeping. While no formal study may be available to document program effectiveness, use of tools such as Bavolek's Adult-Adolescent Parent Inventory (Bavolek, S.J.) or system-wide reporting forms help to document the effects of program interventions. Ultimately, these tools form a rich database which may be used for future research studies when funding is available. In the meantime, it is reassuring to see that all of the agencies reviewed in this summary have in place some means for evaluating interventions and documenting data for future outcomes studies.

Overall, it is agreed among researchers that if a program contains certain necessary elements it will yield the desired positive outcomes. The American Academy of Pediatrics' (AAP) Council on Child and Adolescent Health (1998) has published a policy statement listing the elements of successful home visiting programs. First of all, the AAP

recommends that a program must focus on families who are at risk rather than be universal in nature. This element concentrates resources where they are most needed and have been found to be more effective than providing a visit to all first time mothers. Risk factors that target families for home visiting are low birth weight and pre-term babies; children with chronic illness and disabilities; low-income, unmarried teenage mothers; parents with low IQs and families with a history of substance abuse. Secondly, the AAP recommends that visits begin in pregnancy and continue through the second to fifth year of the child's life. Third, services must be flexible and family-specific, tailored to meet special needs and risk factors. Fourth, positive health-related behaviors, including parenting education, must be actively promoted. Fifth, the program must be capable of addressing the full complement of family needs and not be focused on a single domain, such as reducing child abuse. Sixth, the program should take measures to reduce family stress by addressing social and physical environmental factors. Lastly, the AAP recommends that programs be staffed with nurses or well-trained paraprofessionals.

In Utah, over a dozen different organizations are operating based on some or all of the seven AAP recommendations. This report is a summary of the home visiting programs available in Utah. The following tables describe each service in detail. Further, the maps in Appendix A help to visually categorize programs by the locations in which they are available. In studying the availability of programs and the intensity of services these programs offered, a needs assessment of Utah was established. The Needs Assessment Map demonstrates which areas are served well by all levels of home visiting programs and which areas have limited services. This summary and its maps strive to underscore the importance of preventive efforts in promoting safe and healthy families while demonstrating the needs in Utah for increased program support.

## Programs in Utah and Other States

Program	Baby Watch Early Intervention Program	Family Preservation
Model, Philosophy or Goal	To enhance the development of infants and toddlers with disabilities or developmental delay, to minimize their potential for developmental delay and to enhance the capacity of the family to meet their special needs.	To provide in- home services to families with children at imminent risk of removal due to abuse or neglect.
Description	Through 17 locally contracted programs, an Individual Family Service Plan is developed that outlines services needed (i.e. PT, ST, OT.) Services are delivered in the child's home, child care center, or other settings where children without disabilities participate.	Program administered by Utah Department of Human Services, Division of Child and Family Services. Offices are located in communities and neighborhoods. Works closely with Protective Services which serves children with substantiated cases of abuse, neglect, or at potential risk.
Population Served	Utah children 0 to 3 years who are eligible based on: Diagnoses of current or future potential for delay Informed clinical opinion of 2 qualified professionals Standardized testing	Children statewide age 0-18 who are at imminent risk of removal from the home.
Means of Admission into Program	Referral by parents, physicians, or anyone in the community. Eligibility is determined by a multi-disciplinary evaluation.	Court ordered or voluntary admission by family.
Frequency of Home Visits	The number and type of home visits are determined by the individual need of the child and in accordance with the jointly developed Individual Family Service Plan.	Intensive services: home visits daily to 3 times a week for 2-3 months. If the family moves to Protective Services, supervision and support are continued and the family receives home visits approximately once a month for up to 12 months.
Number Served in Utah	For program year 1998/1999, number of children served was 4179, an average of 2118 per month. Prompt response to all referrals is mandated.	In 1999, 539 families were served by Family Preservation and 6392 families were served by Protective Services. Prompt response to all referrals is mandated.
Staff Credentials, Case Loads, and Supervision	Professionals. Paraprofessional: high school graduates and/or those with a degree in an unrelated field, supervised closely by a professional. All staff required to earn an Early Intervention credential within 3 years of hire. Case loads vary, average 20 children per FTE.	Professionals: M.S.W. or B.S. in psychology or social work with Family Preservation training. Case loads of 2-6 per caseworker. Supervised by L.C.S.W. 3 supervisory group sessions held per case. Protective Services use B.A.s in related fields, case loads of 12-18 families.
Funding Sources	Federal and State monies. Families are suggested to make a donation of \$10.00.	State and Federal funds.
Evaluative Mechanisms	Program monitoring for compliance to Federal regulations. Parent satisfaction surveys.	The status of the child and the family's satisfaction with service is reviewed by a quarterly progress summary. Computerized data for measuring outcomes, case file reviews, external reviews, and qualitative reviews examine all program areas.
State Contact	Susan Ord, Program Manager (801) 584-8226	Reba Nissen, Home and Community Based Programs Specialist (801) 538-4103

## Programs in Utah and Other States

Program	Early Head Start	Head Start
Model, Philosophy or Goal	Children benefit from a comprehensive, interdisciplinary program that involves and empowers parents. Partnerships with agencies and organizations in the community are essential to meeting family needs. Head Start has learned that a combination of home visiting and classroom experiences is most beneficial to families and children.	Same as Early Head Start.
Description	Provides high quality early education and comprehensive services. Services include educational experiences, access to immunizations, medical and dental screenings and services, mental health services, social services, nutrition, parent involvement and services for pregnant women. Early Head Start programs can either be home-based or center-based. In home based programs, home visitors help parents provide to their child the same experiences and activities provided to children in center-based programs. All Head Start Programs are unique and individualized to meet the needs of the community in which the program resides. Local Head Start programs may use a center-based model, a home-based model, or a combination of both models in their service delivery.	Provides high quality early education and comprehensive services. Services include educational experiences, access to immunizations, medical and dental screenings and services, mental health services, social services, nutrition, and parent involvement. Head Start programs can either be home-based or center-based. In home-based programs, home visitors help parents provide to their child the same experiences and activities provided to children in center-based programs. All Head Start Programs are unique and individualized to meet the needs of the community in which the program resides. Local Head Start programs may use a center-based model, a home-based model, or a combination of both models in their service delivery.
Population Served	Families with children age 0 to 2 years and expectant parents. Must meet income guidelines, 100% of poverty level. Ten percent of enrollment is reserved for children with disabilities. In 2000, Early Head Start served families in 4 regions: Box Elder - Cache County region Davis County Utah County Carbon - Grand - San Juan County region	Families with children from 3 to 5 years old. Must meet income guidelines, 100% of poverty level. Ten percent of enrollment is reserved for children with disabilities. Head Start serves children in all Utah counties except Daggett, as of 2000.
Means of Admission into Program	Self-admission, referral, recruitment by Local Education Agency.	Self-admission, referral, recruitment by Local Education Agency.
Frequency of Home Visits	One home visit a week for a minimum of 90 minutes and at least 2 group socialization experiences a month.	Six home visits a year by the Family Service Specialist and two home visits per year by the teacher.
Number Served in Utah	For program year 1997/1998, 265 children were served by Early Head Start.	For program year 1997/1998, a total of 5,393 children in Utah were served by Head Start Programs.
Staff Credentials, Case Loads, and Supervision	Professionals: Home Based Family Educators are encouraged to hold degrees or credentials in a related field. Typically Home Based Family Educators are supervised by Family Service Specialists who report to the program Director. Home visitors carry a case load of 10-12 families.	Professionals: Family Service specialists and teachers are encouraged to hold degrees or credentials in a related field. Typically, Home Visitors are supervised by the Family Service and Education Specialists who report to the Program Director. Home visitors may carry case loads of up to 64 families.
Funding Sources	Federally funded. Some States supplement with State dollars, Utah does not.	Federally funded. Some States supplement with State dollars, Utah does not.
Evaluative Mechanism	Research-based performance standards list objectives and evaluation guidelines. Parents are involved in the evaluation process. All Head Start Programs receive site visits and reviews every 3 years.	Research-based performance standards list objectives and evaluation guidelines. Parents are involved in the evaluation process. All Head Start Programs receive site visits and reviews every 3 years.
State Contact	Utah Head Start - State Collaboration Director Janna Forsgren (801) 538-9312	Utah Head Start - State Collaboration Director Janna Forsgren (801) 538-9312

## Programs in Utah and Other States

Program	Nurse Home Visiting	Parents As Teachers
Model, Philosophy or Goal	To optimize the overall health and well-being of children within the State, and to ensure that children and their families have access to needed health care and related services that contribute toward this end. To support and strengthen the family's capacity to meet their own needs and those of their children.	Babies are born learners and parents play a critical role from the beginning in determining what their children will become. Program goals are to empower parents as the child's first teacher, to prepare children for school, to prevent and reduce child abuse, and to develop home-school-community partnerships on behalf of children.
Description	Local public health nurses provide home visiting for at-risk families with children. Nursing interventions include assessment and referral which focus on improvement of child growth and development, access to health care and related services, parenting education, and health and safety promotion.	Parent educators provide information on child development and age-appropriate activities, provide group meetings, monitor children's growth and development, and link families with needed community services that are beyond the scope of the program. Parent Educators follow a detailed program curriculum, specific to the age and needs of the child.
Population Served	Pregnant women and children aged 0-5 years who are at risk for the following reasons: mother under 18 years old, single mother, birth weight <5.5 lbs., parent education <12 years. Services are presently available in all counties except Summit.	Prenatal women and parents of children age 0 to 5 years are currently served in the following counties:  San Juan Salt Lake Utah Cache
Means of Admission into Program	Voluntary admission. Referral by hospitals, WIC, CHEC, schools, public agencies, health care providers, or by anyone in the community. Actively recruited from vital statistics records or by personal invitation in the maternity ward of hospitals.	Voluntary if enrolled in a Parents as Teachers program. Families may benefit from a PAT trained parent educator employed by a variety of agencies, in which case admission is determined by the agency's protocol.
Frequency of Home Visits	Varies. Depending on the individual situation, visits may be weekly at first and diminish to monthly when appropriate. Visits terminate when a need is no longer demonstrated.	Variable. Usually, 1 hour long visits scheduled monthly, biweekly, or weekly, depending on family needs, and local program budget restrictions.
Number Served in Utah	1558 pregnant women and children were served in Utah during Fiscal Year 1999.	567 families served in 1999.
Staff Credentials, Case Loads, and Supervision	Professionals: Registered nurses, supervised by nursing directors. Paraprofessionals: Home visitors with unrelated educational background or experience as a mother. Must complete a training program. Supervised by nurses. Public Health Nurses have very high case loads, usually working a variety of public health programs over the course of a week.	Professionals: All parent educators receive one week of pre-service training in delivering the PAT model by trainers certified by the Parents as Teachers National Center (PATNC). Certified PAT parent educators renew annually based on satisfactory completion of annual in-service training and service to families. Supervised by the local administering agency.
Funding Sources	Federal funds such as Maternal and Child Health Block Grant. Some programs supplemented by private grants and local tax base monies.	Depends on the source of funding for the agency employing the PAT parent educator. Stand-alone PAT programs are supported by volunteer time and monies from agencies such as the Utah Navajo Development Council, United Way, school district, State and Federal grant funds, private donations, and Utah State University.
Evaluative Mechanisms	Utah programs evaluated twice a year by reports based on outcome measures. Each case is evaluated by the public health nurse on an ongoing basis.	PAT parent educators conduct evaluations at the end of each visit. Programs submit annual reports about the services delivered and populations served. Curriculum guide and training are evaluated and updated periodically.
State Contact	Donna Smith Home Visitation and Early Childhood Nurse Consultant 801-538-9459	Joyce Muhlestein, Director Nancy Anderson, PAT Coordinator Utah Family Information and Resource Center 801- 359-1700

## Programs in Limited Areas of Utah

<b>Program</b>	<b>Children's Service Society</b> 124 South 400 East Suite 400 Salt Lake City, UT 84111	<b>Home Visitor Program</b> Newman and Lincoln Elementary Schools, and Sorenson Center, Salt Lake City
Model, Philosophy or Goal	The Parent Advocate Program is based on the Social Learning Model. Goals are to increase the health and safety of each child, to increase positive parenting skills, and to increase self-supporting abilities. Parents are assisted in accessing necessary public services.	Parents are the first and best teachers for their children. Home visitors in the Salt Lake City School District strive to empower parents by assisting them to gain the skills they need to provide a safe, stable, and enriching environment for their children. Primary goal is to ensure that all children enter school ready to learn.
Description	The program provides weekly home-based visits by volunteer peer mentors who are matched up with parents with respect to cultural qualities, bilingual services available (Spanish/English). Parents are assisted in setting goals to address financial barriers, in accessing necessary public services, and in developing positive parenting skills. In addition, parenting education classes are provided at the agency for program participants. Classes cover basic infant care, positive parenting, self-empowerment, and labor and delivery for single women. The Program also educates each parent on immunizations, car seat installation, quality child care, and accessing the health care system appropriately. The agency seeks to collaborate with other service agencies to ensure parental success, thus parents may be enrolled in more than one program.	Recently evolved from the United Way's Success By Six home visiting program, Salt Lake City School District has continued this home visiting program to assist at-risk and needy families. The program supports families in becoming self-sufficient by linking them to resources or programs such as food, shelter, clothing, education, medical care, employment, child care, and much more. Services include home visits to teach parents developmentally appropriate activities to do with their children, transportation, nursing care as needed, promotion of attendance at community parenting classes, and monthly group sessions.
Population Served	Parents in Salt Lake and Tooele Counties. Emphasis is on single parents who want to improve their situation. Most parents in the program are dealing with poverty, domestic violence, substance abuse, or are teen parents. Services are available in Spanish to meet the needs of the Hispanic community.	Pregnant women and families with children age 0-6 years who live in the ZIP codes for the Salt Lake City School District. Top priority is given to pregnant women.
Means of Admission into Program	Self referrals and interagency referrals	Referral by schools, Project Hope, Teen Mom Program, and health fairs. Families are assessed 7-10 days after referral is received. If eligible for assistance, their case is prioritized and may be placed on a waiting list.
Frequency of Home Visits	1-2 hour visits, weekly.	Varies from once a week to once a month depending on the needs of the family.
Number Served in Utah	Approximately 100 children are served through home-based services and approximately 300 more children are impacted through the parent education courses.	Approximately 110 families per year.
Staff Credentials, Case Loads, and Supervision	Volunteers: home visitors are community volunteers who are parents or who are comfortable with parenting issues. Mandatory initial training and screening tests. Bilingual skills preferred. Professionals: Class instructors and two program supervisors (1 is fluent in Spanish and English) conduct monthly supervisory meetings with volunteers. Case load: 1 volunteer per family, currently the program has 46 volunteers.	Paraprofessionals: home visitors with unrelated backgrounds receive training, have suitable interpersonal skills for position. Professionals: Team Leaders for each site are social workers who supervise home visitors. Team Leaders report to Project Manager at the school district.
Funding Sources	\$25.00 fee for parenting classes supplements the major funding sources such as United Way, a variety of private foundations, and corporate donations.	Currently funded by the Salt Lake City School District and The United Way.
Evaluative Mechanisms	Written pre and post tests (AAPI - Adult-Adolescent Parenting Inventory by Bavolek) measure parenting attitudes on 4 scales. Information from parents on their child's health care, immunizations, proper use of car seat, and choice of quality child care is being monitored for future reporting.	Extensive data base tracks the clients and the services being provided. A monthly client survey assesses client progress as well as new concerns. Clients have the opportunity to provide feedback for the program.
State Contact	Marty Shannon, Executive Director 801-355-7444	Nancy Woodward, Director of Student and Family Services, 801-578-8206

## Programs in Limited Areas of Utah

Program	FACT Prenatal to 5	Family Support Centers
Model, Philosophy or Goal	Families, Agencies, and Communities Together (FACT) will develop, promote, and deliver child-focused, family-centered, community-based, and culturally appropriate services which improve the health, safety, education and economic well-being of Utah children.	Devoted exclusively to protecting children and strengthening families. Mission is to prevent child abuse and neglect in all its forms. Eleven centers in Utah work independently and within meaningful community collaborations to treat Utah parents and children who live with the effects of abuse.
Description	A multi-agency effort designed to identify children who are at risk and to provide services to assist the family. Community based in cities, counties, regions, or schools. Services are coordinated by Local Interagency Councils (LIC).	Each Family Support Center is funded differently and thus provides services to their respective communities on different levels. Full service agencies such as Family Support Center of Ogden, Family Connection Center of Davis County, Family Support Centers, Inc., of Salt Lake City provide parenting education, home visits, counseling, crisis nursery services, educational materials, speakers bureau for the prevention of child abuse, and community partnerships. Smaller and more remote Centers may not provide home visits or counseling. Crisis nursery services are offered at no charge, all other services are offered on a sliding fee scale.
Population Served	Children aged 0-5 and pregnant women who are at -risk in:  Salt Lake City - "Project Hope" Jordan School District - "Healthy Families Utah" Davis County - "Davis Healthy Steps"	While certain agencies may be limited to serving families who are at risk with children age 0-18 years, generally any family desiring these services may participate in programs offered. Efforts are made to reach out to ethnically diverse communities. Family Support Centers in Utah presently serve families in the following counties: *Box Elder           *Cache           Carbon Daggett           *Davis           Duchesne Emery           *Morgan           *Rich *Salt Lake (2)   Uintah           Utah Washington       *Weber *Offer home visiting services
Means of Admission into Program	Self-referral or referral by school, public agency, hospital, or child care providers. Voluntary.	Voluntary, court-ordered, referral from other agencies. Admission may be limited by program size.
Frequency of Home Visits	Varies based on site, all families get at least one visit. Jordan School District 's FACT schedules 1-2 hours visits depending on what level the participating family is at, level I = weekly, level II = bi-monthly, level III = monthly, level IV = quarterly.	Varies based on individual programs.
Number Served in Utah	For fiscal year 1998, 389 children were served representing 191 families in the FACT Prenatal - 5 programs.	Each Center documents the number of families served each year. It is estimated that over 2000 families in Utah were served by Family Support Centers in 1998.
Staff Credentials, Case Loads, and Supervision	Professionals and paraprofessionals. Case loads vary by site depending on individual program structure.	Professionals: degrees in social work, psychology, or family therapy. Paraprofessionals: parent advocates with various backgrounds, community volunteers, Foster Grandparents. Supervised by professionals.
Funding Sources	The State contracts with counties or regions to provide funding for FACT programs. Contract amounts vary. Local agencies may also contribute funds to the FACT program.	Federal, State, and/or local contracts Private donations           FACT contracts United Way                   Children's Trust Fund Private foundations       Corporate donations Fundraising efforts Client fees, based on ability to pay
Evaluative Mechanisms	LICs and families review the Individualized Family Service Plan together periodically. Required reports and statewide evaluations assure success in achieving FACT goals.	Each Center may evaluate its effectiveness differently. Some examples of program evaluation used are parent survey, increased public demand for services, and pre-and post tests such as Child Abuse Potential IV Inventory, Bavolek's Nurturing Quiz and AAPI, or the Home Observation Assessment .
State Contact	Peggy Bowman, FACT Site-based Coordinator 801- 626-3660	Resource person: Jayne Wolfe PhD, Executive Director of Family Support Centers, Inc. (no State contact person at this time) 801-255-6881

## Programs in Limited Areas of Utah

<b>Program</b>	<b>Children's Aid Society</b> 652 26 <sup>th</sup> Street, Ogden, UT 84401-2546	<b>Welcome Baby Success By Six</b> A partnership of United Way of Utah County and the Utah County Health Department
Model, Philosophy or Goal	The Society seeks to foster and promote the welfare and happiness of children and the family and, in so doing, prevent child abuse and neglect. One home-based program is offered, The Nurturing Program. The philosophy is that parenting is a learned behavior and old, undesirable patterns of interactions between parents and children can be replaced with new, more desirable ones. Goal of program is to facilitate parents' use of new techniques to improve self-esteem, self-concept, and empathy.	This home visitor program is committed to helping new parents face the uncertainties that come from raising a child. The program seeks to help parents feel more secure and confident by providing them with valuable information in the following areas: A Healthy Beginning, Knowledgeable Parenting, and Family Resources. The research-based philosophy states that from conception to age six is the key time period to enhance physical, intellectual, emotional and social well-being.
Description	The Nurturing Program is a parenting program that teaches nonviolent parenting skills as well as essential life skills. The program includes a variety of topics including establishing family rules, proper use of time out, infant massage, decision making, problem solving, and much more. It is a 30 week home-based program that also links clients to other services available within the community. Program curriculum is authored by Stephen and Juliana Bavolek.	Volunteers visit the maternity wards of two local hospitals and they invite new parents to enroll in the home visiting program. Volunteers provide parenting information regarding child health and safety, child development, brain development, and discipline. They also connect families to community resources as needed. Volunteers work closely with Health Department nurses to offer families nursing services whenever appropriate.
Population Served	Families throughout the State are served but priority is given to teen parents and at-risk families in Weber and Davis Counties.	All new parents in Utah County who deliver at Orem Community Hospital and Mountain View Hospital. Program goal is to expand and serve all new parents in Utah County.
Means of Admission into Program	Referral by Division of Child and Family Services or court ordered. Self-referrals accepted if they demonstrate a need. Referrals accepted from public agencies.	Families are actively recruited from 2 hospital maternity wards.
Frequency of Home Visits	Once a week for 1 1/2 hours. Program lasts 30 weeks. Group parenting class also encouraged.	Usual schedule is monthly unless the family demonstrates a greater need.
Number Served in Utah	51 clients were served in The Nurturing Program in 1999.	Number not available, program started September 1999.
Staff Credentials, Case Loads, and Supervision	Professionals: Licensed Social Service Workers with B.S. in social work. Paraprofessionals: Social work interns with minimum 12 hours of Nurturing Program training. Supervised by a Director who has an M.S. in social work and is a Certified Social Worker. Case loads: divided among 9 case workers.	Volunteers: must successfully complete screening process and training program Professionals: Registered Nurses from the Utah County Health Department participate in training and mentoring volunteers. Supervised by Program Volunteer Coordinator with support from the Bureau of Child Health Services Director Case Loads: 30 volunteers carry approximately 2-5 families each.
Funding Sources	Children's Aid Society is a nonprofit agency. Funds are obtained from private donations, foundations, corporations, and fund raisers. The Society also contracts with public agencies.	Welcome Baby is funded by a partnership of local community organizations, United Way, and private donations.
Evaluation Mechanisms	Staff meetings twice monthly to review client cases. Needs assessment and goal setting tools are used, as well as Bavolek's Adult-Adolescent Parenting Inventory.	Parent survey.
State Contact	Sharol Waddoups, CSW, Executive Director 801- 393-8671 or 1-800-273-8671 in Utah only.	Leslie Huber, Success By 6 Volunteer Coordinator 801- 374-8108 Patty Reid, Bureau of Child Health Services, Director 801- 370-8759

## Programs in Limited Areas of Utah

Program	<b>Guadalupe Schools</b> 340 Goshen St., Salt Lake City, UT, 84104	<b>Teens 'N Tots</b> Salt Lake City County Health Department, 2001 S. State St., #S-2500, Salt Lake City, UT, 84190-2150
Model, Philosophy or Goal	To teach disadvantaged children the vision and skills needed to live productive, rewarding lives. The goal of the Home Based Preschool is to have children enter the School Based Preschool at expected norms and at age-appropriate developmental levels academically, physically, and socially. A subsequent goal for the School Based Preschool is that children will enter kindergarten "ready to learn," and progress on par with their age group. Bilingual workers are available to better serve the community.	Assure that 95% of program participants do not have a subsequent pregnancy until after 18 years of age or for 1 year postpartum.
Description	Parent educators complete an individualized lesson plan for each child in the Home Based programs. Parent Education is strengthened during mother/toddler groups held 6 times a year. Each group runs five weeks with one meeting a week.	Provides pregnancy prevention services and counseling through home visiting by public health nurses to teens under 18 years of age.
Population Served	Children birth to age 3 and their parents who are at risk of being unprepared to enter kindergarten. Risk factors used to target incoming students are: <ol style="list-style-type: none"> <li>1) Poverty level equivalent to qualify for the Federal Government Child Nutrition program.</li> <li>2) Children reside within a specific central city area of Salt Lake City (between 700 E., 1300 S., 1900 W., and 1900 North.)</li> <li>3) Children have been screened and identified as having developmental delays by Developmental Disabilities, Inc.</li> </ol>	Women under the age of 18 who have had a pregnancy and are currently residing in Salt Lake County.
Means of Admission into Program	Referral by family or friends who have some experience in the program. Some referrals by DFS or FACT program. Referred child must meet eligibility criteria.	Referrals from hospitals, schools, agencies serving teens, Planned Parenthood, and Children's Service Society.
Frequency of Home Visits	Weekly 60 minute visits, year round. When the child is 4 years old he enters the School Based Preschool program.	Several times a month initially, may evolve to once per month.
Number Served in Utah	Currently serving 75 children and 64 families. Waiting list.	Approximately 100 cases of teen and child are served each year in Salt Lake County.
Staff Credentials, Case Loads, and Supervision	Professionals: Have education or experience in working with young children and parents and have interpersonal skills well suited for the position. One is bilingual. Case Loads: up to 23 children per week Supervision: 4 full time parent educators supervised by Preschool director, weekly staff meetings.	Professionals: Registered Nurses Case Loads: nurses carry at least 40 cases at a time, usually from various programs. Supervised by Nursing Director of Salt Lake City/County Health Department.
Funding Sources	Governments Grants. City Community Development Block Grant Children's Trust Fund Contributions by private foundations, corporations, individuals, and fund raisers	Partial funding received from Department of Workforce Services
Evaluative Mechanisms	Ongoing progress is noted on weekly lesson plans, summarized and submitted in quarterly reports to director. Immunizations and attendance at mother/toddler groups are tracked.	Data collection reports and audits are conducted quarterly. Ongoing acuity assessments and monitoring.
State Contact	Patty Walker, Preschool Director 801- 531-6100 ext. 104	Elmary Davidson, Public Health Nursing Bureau Director 801- 468-2843

## Nationwide Home Visitation Program

<b>Program</b>	<b>Healthy Families America</b>	<b>Home Health Nursing</b>
<b>Model, Philosophy or Goal</b>	To promote positive parenting, encourage child health and development, and prevent child abuse and neglect. Program is based on change theory for participants and communities.	To provide holistic home health care, addressing the medical, social, and emotional needs of children, families and adults with referrals to community agencies as needed for ongoing follow-up care.
<b>Description</b>	A nationwide system that links families to health care services and community resources. Provides home visits that focus on child development education, child caregiving, and family support. Assists families in maintaining up-to-date immunizations for the child.	Nurses provide home health care through non-profit agency services such as Community Nursing Services (CNS) or for-profit home health agencies, such as Health Maintenance Organizations (HMO's) or privately owned agencies. Services include assessment, administration of medication, blood products, pain management, and teaching related to home health care. Some agencies may have community service programs targeted to Maternal and Child Health Outreach, but these services are not typically delivered by home visits.
<b>Population Served</b>	Parents of varied ethnicity and income levels who are identified at the time of the child's birth as at risk for child abuse and neglect. Over 30% of programs exist in 38 states and the District of Columbia.	People of all ages throughout the State with acute health care needs, upon discharge from a hospital. Dying patients also served through hospice services.
<b>Means of Admission into Program</b>	Voluntary.	Requires a referral from a hospital or doctor. Patient required to use a home health agency that is a preferred provider for his insurance company.
<b>Frequency of Home Visits</b>	Weekly fading to quarterly, participation lasts 3-5 years.	Depending on individual patient's need. Visits vary from more than once a day to once a week or once a month.
<b>Number of Children Served in Utah</b>	None at this time. In 1997 an estimated 18,000 families were enrolled in the 270 programs across the country.	Not available.
<b>Staff Credentials, Case Loads, and Supervision</b>	Professionals: Have related education, experience, and personal traits that enable home visitors to engage families and establish trusting relationships. Home visitors attend a required 40hour introductory training course and ongoing training and course work. Limited case loads. Supervised by program managers and planners.	Professionals: RN case managers and M.S.W. counselors. Also staffed with physical therapists, occupational therapists, and certified nursing assistants. Paraprofessionals: Volunteer coordinator provides extensive training and supervision of volunteers. Staff is supervised by RN Program Director. Case loads vary from moderate to moderately high.
<b>Funding Sources</b>	State funds, Children's Trust Funds, local charities, and possibly TANF.	Insurance, Medicaid, United Way, and private grants.
<b>Evaluative Mechanisms</b>	Credentialing process through Prevent Child Abuse to document that each HFA program adheres to critical elements. PCA America links evaluation research with practice, HFA Research Network publish research studies.	Quality control team reviews all orders, admissions, and charting at CNS. CNS holds CHAP accreditation.
<b>State Contact</b>	LaRae Scott, Parent Support Coordinator 801- 532-3404 or 1-800-CHILDREN	Visiting Nurse Association of Utah Lois Weagle 801-233-6245

## **Appendix A**

### **Maps**

## Appendix B

### Address List of Utah Home Visiting Programs

#### **Baby Watch Early Intervention**

Susan Ord, Program Manager  
44 North Medical Drive  
PO Box 144720  
Salt Lake City, UT 84114-4720  
801-584-8226

#### **Children's Aid Society**

652 26<sup>th</sup> Street  
Ogden, UT 84401-2546  
801-393-8671  
1-800-273-8671

#### **Children's Service Society**

124 South 400 East, Suite 400  
Salt Lake City, UT 84111  
801-355-7444

#### **Early Head Start and Head Start Programs**

##### **Bear River Head Start**

75 South 400 West  
Logan, UT 84321  
435-753-0951

##### **Bear River Early Head Start**

95 South 100 West  
Logan, UT 84321  
435-755-0081

##### **Centro de la Familia de Utah Migrant Head Start**

320 W. 200 S., STE 300 B  
Salt Lake City, UT 84101  
801-521-4473

##### **Davis Head Start**

320 S. 500 E.  
Kaysville, UT 84037-3307  
801-546-7309

##### **Davis Early Head Start**

320 S. 500 E.  
Kaysville, UT 84037-3307  
801-546-7309

##### **Fort Duchesne Head Start**

PO Box 265  
Fort Duchesne, UT 84026  
435-722-2863

##### **Granite Head Start**

4901 S. 4720 W.  
Kearns, UT 84118  
801-964-7986

##### **Jordan Head Start**

217 E. 7800 S.  
Midvale, UT 84047  
801-565-7317

##### **Kids On The Move Early Head Start**

475 W. 260 N.  
Orem, UT 84057  
801-221-9930

##### **Matheson Head Start**

1240 American Beauty Drive  
Salt Lake City, UT 84116  
801-578-8173

##### **Mountainland Head Start**

264 W. 300 N.  
Provo, UT 84601  
801-375-7981

##### **Murray Head Start Lab School**

74 W. 6100 S.  
Murray, UT 84107  
801-264-7491

##### **Ogden Area Community Action Agency Head Start**

3159 Grant Ave.  
Ogden, UT 84401  
801-399-5809

##### **Rural Utah Child Development Head Start**

PO Box 508  
Wellington, UT 84542  
435-637-4960

##### **Rural Utah Child Development Early Head Start**

PO Box 508  
Wellington, UT 84542  
435-637-4960

##### **Salt Lake Community Action Program Head Start Centers**

952 E. 900 S.  
Salt Lake City, UT 84105  
801-359-8749

Utah Home Visitation Programs – continued

Southern Utah University Head Start  
SUU Box 9587  
Cedar City, UT 84720  
435-586-6070

**FACT Prenatal to 5 Program**

Peggy Bowman, Site-based Coordinator  
2540 Washington Blvd, Suite 144  
Ogden, UT 84401  
801-626-3660  
Call for local, site-based contacts

**Family Preservation**

Main telephone number for referrals to any part  
of the State  
801-538-4100

**Family Support Centers**

**\* Programs with home visiting**

\*Box Elder County  
Family Support Center, Inc.  
25 W. 400 S.  
Brigham City, UT 84302  
435-723-6010

\*Cache County  
380 W. 1400 N.  
Logan, UT 84341  
435-752-8880

Carbon and Emery Counties  
108 N. 300 W.  
Price, UT 84501  
801-637-0281

\*Davis County  
Family Connection Center  
1360 E. 1450 S.  
Clearfield, UT 84015  
801-773-0712

\*Ogden  
2780 Madison Ave.  
Ogden, UT 84403  
801-393-3113

\*Salt Lake County  
Family Support Center, Inc.  
2020 Lake Street  
Salt Lake City, UT 84015  
801-487-7788  
and  
777 W. Center St.  
Midvale, UT 84047  
801-255-6881

Southwestern Utah  
163 N. 300 W.  
Cedar City, UT 84720  
435-586-0791

Uintah Basin  
259 N 700 E.  
Roosevelt, UT 84066  
435-722-2401

Utah Valley  
1255 N. 1200 W.  
Orem, UT 84057  
801-229-1181

Washington County  
561 E. Tabernacle  
St. George, UT 84770  
435-674-4111

**Guadalupe School**

340 Goshen St.  
Salt Lake City UT 84104  
801-531-6100

**Healthy Families America**

331 South Rio Grande Suite 304  
Salt Lake City, UT 84101  
801-532-3403  
801-464-8922

**Home Visitor Program,  
Salt Lake City School District**

440 E. 100 S.  
Salt Lake City, UT 84111  
801-578-8206

**Nurse Home Visiting,  
Local Health Departments**

Bear River Health Department  
655 E. 1300 N.  
Logan, UT 84341  
435-752-3730

Central Utah Public Health Department  
70 Westview Dr.  
Richfield, UT 84701  
435-896-5451

Davis County Health Department  
Courthouse Annex  
50 East State St.  
Farmington, UT 84025-0618  
801-451-3340

Utah Home Visitation Programs – continued

Salt Lake City/County Health Department  
2001 South State St., S-3800  
Salt Lake City, UT 84190-2150  
801-468-2720

Southeastern Utah District Health Department  
28 South 1<sup>st</sup> East  
PO Box 800  
Price, UT 84501  
435-637-3671

Southwest Utah Public Health Department  
285 West Tabernacle  
St. George, UT 84770  
435-673-3528

Tooele County Health  
151 North Main St.  
Tooele, UT 84074  
435-843-2300

Tri-County Health Department  
147 East Main St.  
Vernal, UT 84074  
435-781-5475

Utah County Health Department  
589 South State St.  
Provo, UT 84606  
801-370-8700

Wasatch City-County Health Department  
805 West 100 South  
PO Box 246  
Heber, City, UT 84032  
435-654-2700

Weber-Morgan Health Department  
2570 Grant Ave.  
Ogden, UT 84401  
801-399-8433

**Parents As Teachers**

Utah Family Information and Resource Center  
801-359-1700  
Call for local contacts in San Juan, Salt Lake,  
Utah, Logan and Cache Counties.

**Teens 'N Tots**

Salt Lake City/County Health Department  
2001 S. State St. #S-3800  
Salt Lake City, UT 84190-2150  
801-468-2843

**Welcome Baby Success By Six Program**

United Way of Utah County  
PO Box 135  
Provo, UT 84603  
801-374-8108

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