Affordable Care Act
Maternal, Infant and Early Childhood Home Visiting Program

Supplemental Information Request
Updated State Plan
Utah

June 8, 2011
Revision date: August 31, 2011

Section 1: Identification of the State's Targeted At-Risk Communities

A statewide needs assessment completed in September 2010 for the first Supplemental Information Request (SIR) identified five Utah counties at-risk using 13 indicators identified by the Health Resources and Services Administration (HRSA). The five counties identified were:

- Carbon
- Salt Lake
- Washington
- Weber
- Uintah

Utah will target Salt Lake, Uintah and Weber counties to expand existing evidence-based home visiting services under the Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program (MIECHVP) in year one.

Assessment of Need: Community Strengths and Risk Factors

In order to prioritize counties for funding, an assessment of needs and existing resources was necessary. Prioritization of at-risk communities involved several factors. The degree of risk in each county was used as the first level of prioritization. Risk was determined through the needs assessment, ranking counties according to the number of data points that exceeded the state average. Other factors such as the presence of an existing evidence-based home visiting program, agency capacity, community readiness, and political willingness further aided in the final prioritization and selection process.

A noteworthy concern is that the state of Utah invests very limited funding in programs that serve families with children birth-five years of age and therefore sustainability of funded home visiting program is a concern. This puts the long-term sustainability of home visiting in Utah as risk. Taking this concern into account, along with the other factors mentioned, the OHV and its partners determined that the most prudent strategy for year one of the MIECHVP would be to target the at-risk communities that have established evidence-based home visiting programs in order to increase their capacity, promote program quality improvement and accountability strategies, and increase public awareness of the benefits of home visiting within those communities. In addition, as an EBHV grantee, the OHV is conducting a home visiting evaluation that includes participant families from the NFP, PAT, and HFA home visiting programs. Increasing the capacity of these programs to serve more families would ensure an adequate sample size for evaluation. In addition, positive and valid evaluation results would improve opportunities for local funding support for additional home visiting programs.

Salt Lake County is the most populous county in the state with the largest urban area. Not surprisingly because of its size, families in Salt Lake County experience many of the risk factors associated with poor outcomes for maternal and child health and safety. Almost 40% of the

state population lives in this county. According to the 2009 American Community Survey (ACS) data, 29% of county residents are under 18 years of age; 9.2% are under five years of age. Eight percent (8%) of residents live at or below the federal poverty level; 13% of those in poverty are children under the age of eighteen.

Department of Health (DOH) data collected in 2010 indicates that there were over 19,000 births in the county with 28% of those births being covered by Medicaid. Eight percent (8%) of births were to adolescent girls, ages 15-19, accounting for a teen birth rate 37 vs. 3.98 statewide[1].

The table below illustrates the key variables that contribute to a high level of risk for Salt Lake County.

Table 1

2007-2009	Infant mortality (infant mortality/# of births)	Preterm births	Low birth-weight	Prenatal care in the first trimester
Salt Lake County	5.39	9.82%	7.45%	69%
State	4.95	9.65%	6.83%	76%

The OHV needs assessment also revealed an alarming increase in the number of births to Hispanic teens. This was evidenced when the birthrates were examined based on small area analysis. For example, in Salt Lake City, neighborhoods such as Rose Park and Glendale have large Hispanic populations and high percentages of families in poverty. Both neighborhoods have adolescent birth rates that are more than double the county, and almost triple the state rate, ranging, respectively, between 79 and 99 per 1,000 adolescent females ages 15-19. In addition, prenatal care in the first trimester is often not sought. According to DOH data from 2006-2008 only 65% of women received prenatal care early in their pregnancy; in Glendale the percentage was approximately 58%. Within Salt Lake County several cities have been identified as areas of high risk according to the data collected from the OHV needs assessment. The city of Midvale has a teen birth rate of 62.5.

Table 2 illustrates the key variables that contribute to a high level of risk in these cities.

Table 2

City	Adolescent birth rate 2006-2008	Prenatal care in the first trimester	Families in poverty 2009	Single mothers in poverty 2009	Low birth-weight
Midvale	62.5	69.4%	16.9%	37.4%	8.1%
South Salt Lake	79.6	69%	20.6%	47%	8.2%
West Valley	83.5	66%	11%	24%	9.1%

While the needs are great in Salt Lake County, the county demonstrates many strengths. Salt Lake County offers services to youth that include classes, counseling and after school activities.

[1] Utah's Indicator-Based Information System (IBIS). Adolescent Births, Girls Age 15-19, 2009. Teen birth rate measures the number of births to women 15-19 years of age per 1,000 women in that age group.

Salt Lake Community Action provides employment assistance, weatherization, food assistance, housing assistance, Head Start programs, and utility assistance. Salt Lake County has an active early childhood council that can serve as a basis to unite early childhood programs, provide resource and referral coordination increase knowledge of community resources. The county is home to many social service organizations, especially compared to other counties, since it is the largest city but there are still gaps in service with the growing Hispanic population. Compared to any other county in the state, Salt Lake County has rich diversity with smaller population groups from many countries such as Mexico, Peru, Somalia, Sudan, Burma, and Bosnia. Salt Lake County has a coordinated 2-1-1 resource and referral system and also benefits from strong welfare systems provided by various religious groups.

Uintah County is a rural county located in the northeast area of the state bordering Colorado to the east. The county has a population of 31,536. The county is also home to the Ute Indian Tribe, which comprises nine percent (9%) of the county's population (1.4% of the State is Native Americans). Historically, Uintah County's economy has been based on farming and ranching, but now relies heavily on extraction of oil and gas. The extraction industry has brought a positive change to the area through a steady stream of income but it has also brought with it social problems related to an influx of money, outsiders and limited entertainment opportunities contributing to juvenile crime, teen pregnancy, and high rates of child abuse. Rural communities such as Uintah County offer limited employment opportunities for young people. The lucrative nature of the oil and gas industry has led to high number of adolescents who drop out of high school to take jobs in the industry. According to 2008 data, the percent of high school drop-outs was more than triple the state average at seven percent (7%). According to DOH data for 2006-2008 the teen birth rate was 60 per 1,000 adolescent ages 15-19, almost double the state rate. Uintah County's child maltreatment rate in 2008 was almost 34 per 1,000 vs. the state rate of 14.5. More than 10 % of Uintah County's population lives in poverty. The juvenile crime rate in Uintah County is almost doubles the state rate (see below). The table below illustrates the key variables that contribute to a high level of risk for Uintah County.

Table 3

	Infant Mortality (Infant mortality/# of births 2007-2009)	Preterm births 2007-2009	Low Birth-weight 2007-2009	Juvenile Crime Rate/100,000 2009
Uintah County	6.06	11.66 %	8.47%	6024
State	4.95	9.65 %	6.83%	3483

Uintah County does have strengths on which to build an early childhood program. Uintah has a Children's Justice Center that was started in 1999 that connects Division of Family Services, Law Enforcement and others involved in abuse situations. The school district supports a limited amount of preschool for 3-4 year olds. This is a fee service program but does provide services to children with delays. There is an existing Parents as Teachers program with one home visitor. In addition, the Northeastern Counseling Center convenes monthly meetings that include multiple state and community agencies from the area to share information about service provision and availability.

Weber County, the third at-risk community of focus, is situated between the Wasatch Mountains on the east and the Great Salt Lake on the west, and 35 miles north of Salt Lake City. The county occupies 662 square miles and is composed of mixed urban-suburban/agricultural lands. There are 224,500 residents in the County, making it the fourth most populous county in Utah. Weber County's population has increased 18% since 2000 with children less than five years of age representing almost10% of the population. Approximately 11% of the population lives at or below the poverty level. There has been a large increase in the number of families who are Spanish speaking only; 16% of the population is identified as Hispanic according to the 2009 American Community Survey data. Weber County's child maltreatment rate in 2009 was 22 per 1,000 vs. 14.5 for Utah as a whole. Weber County was ranked as having very high degree of risk according to the OHV needs assessment, yet the entire county has only two home visiting programs that serve families and children under age five: Prevent Child Abuse Utah's HFA program and the Ogden Family Support Center's Bavolek Nurturing Program.

Table 4 illustrates the key variables that contribute to a high level of risk for Weber County.

Table 4

	Infant Mortality 2007-2009	Adolescent Birth Rate[2] 2007-2009	Prenatal care in the first trimester 2007-2009	Preterm births 2007-2009	Low birth-weight 2007-2009	High School drop-out 2008
Weber County	5.56	50.7	71%	10.77 %	7.37 %	5%
State	4.95	33.35	76%	9.65 %	6.83 %	2.%

Ogden is the largest city in Weber County and the 6th largest city in Utah and has the unfortunate distinction of being an enterprise zone[3]. This designation is due to the numerous community risk factors such as poverty, crime and academic failure. The city of Ogden has a population of approximately 80,000. The need in this area is extensive. The OHV statewide needs assessment indicates that more than eight (8%) of children that reside in Ogden live in poverty. The city has an adolescent birth rate of 80.5 per 1,000 vs. 50.7 for the county; more than 13% of children live with a single parent, and only 11% of the city's population has a bachelor's degree. Almost 70% of the city's student population receives free or reduced lunch compared to the state average of 32%.

Although diversity can be a strength, it also presents many challenges. Forty-four percent (44%) of students are English as Second Language learners. Language constraints can hinder educational progress. According to the biannual Student Health and Risk Prevention (SHARP) survey, 29% of Ogden 6th graders have more than seven risk factors which is significantly higher than the state average. Forty-one percent (41%) of students reported poor family management.

[2] Utah's Indicator-Based Information System (IBIS). Adolescent Births, Girls Age 15-19, 2009. Teen birth rate measures the number of births to women 15-19 years of age per 1,000 women in that age group.

[3] Enterprise Zone is an impoverished area in which incentives such as tax concessions are offered to encourage investment and provide jobs for residents.

Thirty-nine percent (39%) reported family conflict, and 36% reported a family history of anti-social behavior. According to the Division of Child and Family Service's data, Weber County had a child maltreatment rate of 22 per 1,000 vs.14 statewide. In 2007, there were over 3,000 victims of alleged abuse; 887 resulted in supported CPS cases involving 1,481 victims of abuse. Thirty percent (30%) of these supported cases also involved domestic violence.

A major strength that was identified for Weber County was the presence of many organizations available to help families, especially those with issues related to child abuse and neglect. The Family Support Center provides crisis and respite care for children up to age 11. In addition they provide parenting support through a 12 week Basic Survival Skills class for parents with children 0-12. They have a limited capacity to provide in home services to families with children birth through five years old. These resources are available for the growing population of Spanish speakers. The Ogden Community Action Partnership (OWCAP) provides Head Start to over 700 children every year. OWCAP also provides employment assistance, low-income housing, and classes for families involved in Head Start. Your Community Connection YCC of Ogden is a non-profit community based organization that assists victims of domestic violence, rape and economic hardships by providing shelter, food and clothing to women. They also offer classes for the children of the women they serve. In addition to these resources there are several faith based organizations that support families with supplemental food assistance. Weber County also has a "Healthy Moms" coalition. It is coalition of community partners that was created for the purpose of serving Healthy Families Utah as a community partner for referrals, and as an advisory board. The original members were funders, community partners and referral sources such as St. Benedict's Foundation, Intermountain Healthcare, McKay Dee Hospital, Ogden Regional Medical Center, and Mid-town Community Health Center. The coalition has since expanded from these entities into a larger community resource composed of representatives from various agencies in Weber County.

Despite the geographic and demographic difference of the three targeted communities, all three counties identified the following of greatest need for families and participants in the implementing agencies:

- Secure housing
- Access to educational opportunities
- Social support networks
- Employment

Existing Home Visiting Services and Participant Characteristics

Salt Lake County now boasts three evidence-based home visiting programs that include three different models: NFP, PAT (PAT), and Early Head Start (EHS). These programs are almost entirely funded with federal dollars; the state does not appropriate any general revenues to support home visiting programs. All programs are quite small and serve only a small percentage of their target population and all have waiting lists.

The NFP program is relatively new to the State. In 2008, the Salt Lake County Mayor became a champion of the program, providing county funds to support its implementation in the Salt Lake Valley Health Department. Additional support for implementation was provided by the DCFS through a Community Based Child Abuse Prevention grant. In 2010, NFP served approximately 100 families, less than 10% of eligible mothers. Of the NFP participants 24% had limited English proficiency; more than 50% were under the age of 19; 55% were White and 37% were Hispanic; and 47% had not completed high school. Family median income was $13,500.

In Salt Lake County, Utah PAT (UPAT) served 59 families in 2010. Spanish speaking families comprised 65% of participant families; 80% were low income; and 75% lived in Title I school boundaries.

Two EHS Programs operate in Salt Lake County. The Salt Lake Community Action Head Start Program serves 12 families in its home-based program and 62 in its center-based program. The Community Action home-based program is a new program started with receipt of federal stimulus funds in 2010. DDI Vantage EHS program serves 96 families in its home-based program and 52 in its center-based program. Of the program participants 45% were single parents, 80% were white, 55% identified as Hispanic; 43% had less than a high school education; and 42% spoke Spanish at home.

Uintah County has one evidence-based program, PAT. The program serves 40 families served by 1.5 FTEs. According to the programs last annual progress 46% of families were White, 50% were Hispanic, and 3.4% were Native American. Two percent of the families served entered the program prenatally; approximately 40% of the children in the program are under the age of two.

Weber County has two home visiting programs**.** Prevent Child Abuse Utah is the host agency for the HFA home visiting program. HFA is funded for 45 slots. The most recent report from the Weber HFA program indicates that 63% of its participants are Hispanic/Latino, 21% White and 11% Black; 19% are mothers under the age of 18 and 39% have limited English proficiency. The median income of participants is $12,176.

The Ogden Family Support Center in Weber County provides crisis and respite nursery services but also provides parenting classes and a short-term home visiting program using the Bavolek curriculum. The Family Support Center's home visiting program typically serves families referred by the DCFS. HFA refers ineligible families to the Family Support Center; however the Family Support Center's programs are at capacity and carry waiting lists. The Family Support Center's home visiting program served 170 families in 2010.

Existing mechanisms for screening, identifying, and referring families

Salt Lake's NFP receives referrals for eligible families through a variety of referral sources. Most frequently families are referred to the program from pregnancy test centers, Women Infants and Children (WIC) program and community health clinics although families are referred from a

wide range of sources. NFP has consistently worked to maintain relationships with its community referral sources which have allowed the NFP to ramp up to full caseload very quickly, surpassing the implementation recommendations set by the National Service Office (NSO). NFP does not have a screening process for enrolling families. An eligible participant is a first-time pregnant woman under 150% of the federal poverty level and must be enrolled not later than her 28th week of pregnancy.

Typically, the Salt Lake PAT program receives referrals from DCFS, school districts, its website, University of Utah Medical Center, Midvale Family Support Center, and Facebook. Recently, PAT negotiated an agreement with NFP to coordinate their referral process so that NFP will refer all mothers on their waiting list who will likely "age out", meaning they will pass their 28th week of pregnancy before an available NFP slot will become available. PAT is also in the process of developing relationships with new referral sources so that they can target pregnant women, especially pregnant teens.

Uintah County's PAT program receives referrals from doctor's offices, Division of Child and Family Services, Northeastern Counseling Center, WIC, Tri-County Health Department and Uintah Specialized Preschool Program. In anticipation of program expansion through the MIECHVP, the program supervisor has met with OB/GYN physicians who indicate that there are many pregnant women who could be referred to PAT if there was expanded capacity to serve families. This PAT program employs two home visitors and serves approximately 40 families.

Weber County's HFA program works closely with McKay Dee Hospital, Ogden Regional Clinic and the Midtown Community Health Clinic to identify potential families for the program. HFA developed MOUs with these referral sources that they have maintained throughout the three years they have been operating in Weber County. Additional referrals come from Ogden High School, WIC and the Weber-Morgan Health Department. Once families are referred to HFA, an assessment worker administers the Kempe Family Stress Inventory which is a standardized assessment tool to systematically identify families who are most in need of services. Essentially, the Kempe assesses parents' risk for child maltreatment and/or care-giving difficulties. Families are typically selected for being at risk if at least one of the parents is scored as high risk. Ineligible families are provided community referral sources and invited to participate in the monthly family socialization groups provided by the program. Currently, no coordinated mechanism for screening, identifying, and referring families and children to home visiting programs exists at the state or local level for entry into an early childhood program, including a home visiting program.

Salt Lake County is the only community that has more than one evidence-based home visiting model program but no systematic coordination for identifying and referring families to any of the programs has been established. Existing mechanisms in place are model and agency specific with frameworks for screening identifying and referring families guided by requirements of the national home visiting models. To address this gap in the "system" of home visiting, the OHV has been working with the communities, starting with Salt Lake County, to establish a coordinated referral and screening system. Recently, the OHV facilitated a meeting between

the NFP, EHS, PAT programs and the Family Support Center, the Head Start State Collaboration Director and the Community Based Child Abuse Prevention (CBCAP) grants administrator. The purpose of the meeting was to discuss how to improve coordination and collaboration among programs focusing on existing mechanisms for screening, identifying, and referring families and children to home visiting programs in the community. While these programs knew of one another in a broad sense they had never met together as a group to talk about the specifics of what their programs offer, which specific target population they serve, and how they can improve the current system of home visiting outside of receiving additional program funds. This meeting was the first meeting of many to plan for community collaboration of the delivery of services in Salt Lake County. Additional partners will be included in the future. While the state OHV will facilitate the process, the mechanisms for coordination will be developed by the community agencies and their partners. The OHV will work with all funded communities to facilitate improvement in their coordination with other service providers.

The OHV will contractually require that the implementing agency describes mechanisms in place for screening, identifying and referring families and children to existing program, and provide an inventory of referral resources currently available or needed in the future to support families. A plan for improved coordination among programs and resources in the community will be required.

Local and State capacity to integrate the proposed home visiting services into an early childhood system

Utah has the capacity to integrate the proposed home visiting services into an early childhood system by promoting coordinated planning with other state agencies and programs. As a result of the DOH's administrative reorganization in 2009, state early childhood programs were combined under the same Bureau, the new Bureau of Child Development (BCD). The BCD now houses all the early childhood programs- Early Intervention (Part C), the Early Childhood Comprehensive Systems (ECCS) grant, the Office of Head Start State Collaboration, and Child Care Licensing which focuses on health and safety in child care settings, and the OHV. This consolidation of the early childhood programs under one umbrella helps us coordinate and collaborate to achieve a more integrated system of services for young children and their families. It enables us to now promote a more unified approach to early childhood systems development than in the past.

The OHV staff participates on the Early Childhood Comprehensive Systems Grant (ECCS) and co-chairs the Parent Education/Family Support work group. While a state early childhood system has been limited to this point, the new ECCS program administrator is developing a comprehensive plan. Bringing home visiting to the ECCS work ensure that it will be fully integrated into early childhood systems planning at the state, and then local level. The OHV assures that it will integrate the MIECHVP into the State's ECCS as we move forward with our planning.

A challenge for Utah is the limited capacity of an early childhood system at the local levels. While early childhood leaders recognize the importance of a systems approach to improve service delivery and program accountability there is limited political support for the formalization of such a system and limited funding opportunities for programs that target early childhood development and family support.

Until recently, the Head Start State Collaboration Office (HSSCO) provided grants to communities to establish early childhood councils; however state general funding was cut during the 2011 Utah legislative session. In a few counties the councils have been able to build strong and active coalitions while others have had amore difficult time maintaining cohesion. However, these early childhood councils could act as a hub for convening community partners for planning, decision making, and capacity building for system development. There are six existing early childhood councils throughout the state. Only one MIECHV funded community has an existing early childhood council. The OHV will require the funded home visiting programs to have a point of contact with the early childhood council to increase knowledge of home visiting in the community and to develop partnerships across the mental health, substance abuse, child care, and other service systems to enhance cross-collaboration.

The OHV facilitated a meeting of all Salt Lake County home visiting programs, along with the Head Start State Collaboration Director and the CBCAP program administrator to discuss strengthening of local collaborative efforts at systems development. The meeting served as an impetus for information sharing and motivation for continued networking, deepening collaborative efforts and increased the local capacity for systems integration.

The OHV staff attends the UDOH Perinatal Task Force, the Safe Kids Coalition, NFP Advisory Board, local health department Nursing Directors monthly meeting, Salt Lake City, Mayors Literacy Council and the UDOH Injury Prevention meeting. OHV staff participation at these various meetings provides the opportunity for integration of home visiting into other service systems as well as opportunity to leverage resources and collaborate with an expanded partner base and make connections from the state level to the local level.

To promote the integration of home visiting into currently unfunded communities, the OHV will conduct regional meetings to promote the importance of systems development and provide training on the use of the Zero to Three Home Visiting Planning tool. For communities the desire it, the OHV will facilitate individual community meetings. As the coalitions strengthen, they will be able to identify needs, guide planning and decision making, and build partnerships, thus building a supportive early childhood system.

Communities that were identified as being at risk but not selected for year one implementation

Carbon and Washington counties were two of the five counties identified as being at risk according to the state needs assessment, but due to funding limitations, will not receive funding in year one. There is currently no evidence-base home visiting program operating in

Carbon County. However, the Division of Child and Family Services (DCFS) is negotiating a contract with a local agency to fund the implementation of a HFA home visiting program. In Washington County, the Learning Center, located in St. George, operates an EHS program.

In preparation for potential funding in year 2, Carbon and Washington counties will receive small planning grants to establish a local home visiting plan that will include an assessment of need, inventory of existing services, gaps in services, and agency readiness to implement one of the states accepted evidence-based models. The OHV will provide technical assistance to this planning process and provide training on each of the accepted models.

Section 2: State Home Visiting Program Goals and Objectives

Goals and Objectives of the State Home Visiting Program

Utah envisions a future where communities can provide a continuum of services, including early childhood services, which support families and children, with home visiting being considered an integral piece of this service system. This includes promoting evidence-based home visiting in Utah that improves the health and developmental outcomes of young children; ensures that children live in safe and nurturing environments; and strengthens parent-child relationships.

The OHV was established in 2008 through funding from the federal Department of Health and Human Services, Administration for Children and Families, *Supporting Evidence-based Home Visiting to Prevent Child Maltreatment* (EBHV) grant, to promote a coordinated service continuum of evidence-based home visiting that supports the positive health, safety, and development of young children and their families.

The updated state plan focuses on communities identified as being high risk resulting from social, environmental and health factors that contribute to poor outcomes for young children and their families and builds on the work that was started by the OHV through the EBHV grant. Our mission continues to be building a comprehensive home visiting system.

The first goal will focus on implementing activities that strengthen the infrastructure of supports for home visiting through implementation of evidence based home visiting programs, expand home visiting to the three identified counties and support programs with necessary trainings and technical assistance. An additional piece will be to ensure that home visiting programs operate with fidelity to their selected model.

Goal 1: Implement and strengthen community based home visiting programs in communities at-risk.

> Objective 1.1 Increase service capacity of home visiting programs in the identified communities by January 1, 2012. Identified communities and models are: Salt Lake Valley Health Department's Nurse Family Partnership Program; Prevent Child Abuse's Healthy Families Program in Ogden; and Utah Parents as Teachers Program in Salt Lake and Uintah Counties

Objective1.2 Support funded home visiting programs by bringing program staff together to meet annually, or semi-annually, to discuss success challenges and strategies by June 30, 2012.
Objective 1.3 Conduct site visits a minimum of two times a year to ensure high quality service delivery and adherence to model fidelity. The first visit will occur by April 30, 2012; subsequent will be at 6 month intervals. Feedback will be provided following each site visit through a written summary and timeline for addressing deficiencies within 14 days of visit.
Objective 1.4 Provide at least two topical professional development trainings annually. Topics will be identified through community/program surveys. First survey will be completed by October 1, 2011 and a first training completed by April 2012.
Objective1.5 Collect and assess quarterly reports from grantees to support continuous quality improvement. The OHV will provide direct assistance to programs to support this activity.

The second goal will be to strengthen the home visiting infrastructure through a statewide data and monitoring system. This will include identifying or developing a state home visiting data system that will support evaluation of home visiting programs. The system will target outcomes on identified benchmark areas in order to achieve improvements. OHV will be able to monitor home visiting data to determine if targeted constructs and benchmarks are being achieved annually. It will also provide home visiting data to local programs to support continuous quality improvement.

Goal2. Develop a data and monitoring system that supports home visiting infrastructure development.
Objective 2.1 Identify through purchase or augment current state system to include collecting MIECHV benchmarks. A state home visiting data system that will support the MIECHV program will be in place by February 2012
Objective 2.2 Select data collection tools that collect benchmark information and can be incorporated into the program models by October 1, 2011.
Objective 2.3 Train sites on collecting benchmark data by January 30, 2012
Objective 2.4 Monitor, analyze and report data findings related to the targeted constructs and report back to implementing sites. First report will be due April and October of 2012.

Goal three addresses the larger concern of collaborating with partners and coordinating community support systems. This will feed into creating a statewide early childhood system.

Goal 3 Strengthen home visiting infrastructure through joint collaboration efforts with other social service programs to increase the alignment of services and facilitate the effective use of resources.
Objective 3.1 The OHV will conduct regional community meetings to discuss the importance of pre-planning and collaboration as it relates to the use of the *Zero to*

Three Home Visiting Planning tool. Individual community meetings will be scheduled as requested. The OHV will conduct at least two regional meetings by September 30, 2012.
Objective 3.2 Require funded communities to develop a community plan that describes how services such as screening, referral and treatment systems will be coordinated to serve at risk families. Plan is due October 1, 2011.
Objective 3.3 The OHV will engage with other state level entities such as the ECCS, Injury Prevention, DCFS Child Abuse and Neglect Council, and Perinatal Task Force. The OHV will identify additional entities and plan to participate at least quarterly in these meetings.
Objective 3.4 Assist local communities in developing home visiting coalitions strengthening existing home visiting or early childhood councils/coalitions. Each funded community will provide a plan for accomplishing this, with identified technical assistance needs, by October 1, 2011.
Objective 3.5 The OHV will spearhead collaborative efforts through ad hoc work groups that address common training opportunities, common intake and evaluation forms, sustainable funding opportunities, and to build constituency support around home visiting, by June 30, 2012.
Objective 3.6 The OHV will develop a statewide home visiting coalition to address systems building, quality improvement, and support cross-program mentorship by March 2012

How Utah's Home Visiting Program can contribute to an early childhood system

As an EBHV grantee, the OHV has spent the last three years undertaking the exciting and challenging task of building a home visiting program that has never before existed in Utah. Until recently, Utah had a patchwork of home visiting models and programs, all with little and uncertain funding, and few with a systematic assessment of need, articulated outcomes, or evaluation of evidence that desired outcomes are achieved. It is the intention of the OHV to weave the informal network of home visiting programs into a comprehensive, coordinated system that responds to the diverse needs of children and families in communities at risk and deliver critical health and development, child abuse and neglect prevention and family support services to them through home visiting programs. As such, Utah's State Home Visiting Program aims to contribute to the development of a comprehensive system by promoting coordinated planning across the agencies that serve to build early childhood infrastructure at the state level as well as to engage at-risk communities in developing local home visiting plans that will that cross social service sectors and engages partners that represent the multiple domains of the early childhood system.

There is a variety of state and local early childhood programs offered in Utah; however the integration of service delivery usually is managed at the local level. Because Utah does not have well integrated early childhood systems in many communities, the opportunity provided by the MIECHV programs The OHV program priorities fit very well with the components of the early childhood systems work and will serve to enhance what the ECCS grant and the early childhood community have already worked to develop. By supporting more evidence based

home visiting programs the state is able to focus on at-risk first time mothers, giving them the support and services they may need to raise a healthy, well developed baby and young child. It gives us the opportunity to intervene with women before the baby arrives and after to support her and her family in raising the new baby through the critical early childhood years. The earlier the intervention occurs, the greater the success for families.

Integrating the state's home visiting program with other state programs and systems: Current Systems Development Work

The OHV resides in the state Title V agency and as such, the OHV has close ties to Utah Title V programs. The Title V Director participates in the planning for this grant and its requirements. Currently Title V contracts a small amount of funding to local health departments to provide what is called "P – 5 Home Visiting". The P-5 Home Visiting services vary from health district to health district. There is not enough funding to utilize any of the evidence based models as defined by this grant. So, each district determines the need for services and type of services to provide based on their resources, which may include county funding. The state's Title V funding supports home visiting to high risk families and is used by many of the local health departments as an adjunct to the state Medicaid Targeted Case Management (TCM) services. TCM services may include a home visit, but they are not designed to provide actual hands-on services, but rather they ensure that children under age five receive needed health-related services. The TCM Medicaid reimbursement rate is higher than what the P-5 funding would cover, so generally local health departments start a Medicaid family with TCM services and then supplement additional family needs through the P-5 Home Visiting monies.

The alignment of programs within the DOH will enable the OHV to better fulfill its mission statewide due to easy access and close collaboration with other state entities with similar goals. For example, in the Bureau of Maternal and Child Health (MCH) , a sister bureau of the BCD, the Maternal and Infant Health Program tracks pregnancy outcomes, including pregnancy spacing, impact of certain factors on birth outcomes, such as obesity, and so on. With the integration of MCH, the OHV will have access to a broader array of knowledge and experience, such as clinical staff, administrative staff, etc., which should assist the OHV in developing plans for services and programs.

The staff of the OHV participates in the Early Childhood Comprehensive Systems (ECCS) grant activities and co-chairs the Parent Education and Family Support (PEFS) component of this grant. Through its collaboration with the ECCS grant, the OHV provides the capacity to ensure that home visiting is built into the developing system work of the ECCS grant. There is no formal early childhood system at the state or local level in Utah but the members of the ECCS work group are in the process of establishing concrete goals to integrate activities across the various early childhood sectors. One important goal is the integration of early childhood data. The BCD Bureau Director, who is administrator of the ECCS grant, has convened ongoing meetings with various state entities to explore the practicalities and realities of data integration which would create the ability to monitor child outcomes longitudinally, and to improve service delivery.

With the OHV in the process of developing a state home visiting data base, staff has been participating in data integration discussions with the ECCS work group.

Another example of systems development work is the possible expansion of Help Me Grow (HMG). In the coming budget year the PEFS sub-committee of the ECCS work group will explore the expansion of HMG into Salt Lake County. The United Way of Utah County is currently implementing HMG. Utah County borders Salt Lake County to the south. The United Way of Utah County is developing stronger ties to the Salt Lake City 211 system to expand the resource database and eventually expand Help Me Grow statewide. The Salt Lake County 211 system will be operated by United Way of Salt Lake starting June of 2011. HMG is in the process of making greater collaborative moves to interface resource information with Salt Lake County. Help Me Grow in Utah County is a replication of Connecticut's Help Me Grow Program. It is an integrated identification, resource and referral system for families, providers and programs. HMG consists of four components:

- Training of child health providers in effective developmental surveillance;
- Creating a resource inventory of community-based programs supporting child development and families;
- Developing of a coordinated, statewide system of referral that links young children and families to exiting services and support; and
- Collecting data and analyzing of children's developmental status and statewide resources.

Referrals and linkages to appropriate home visiting programs could be maximized through HMG.

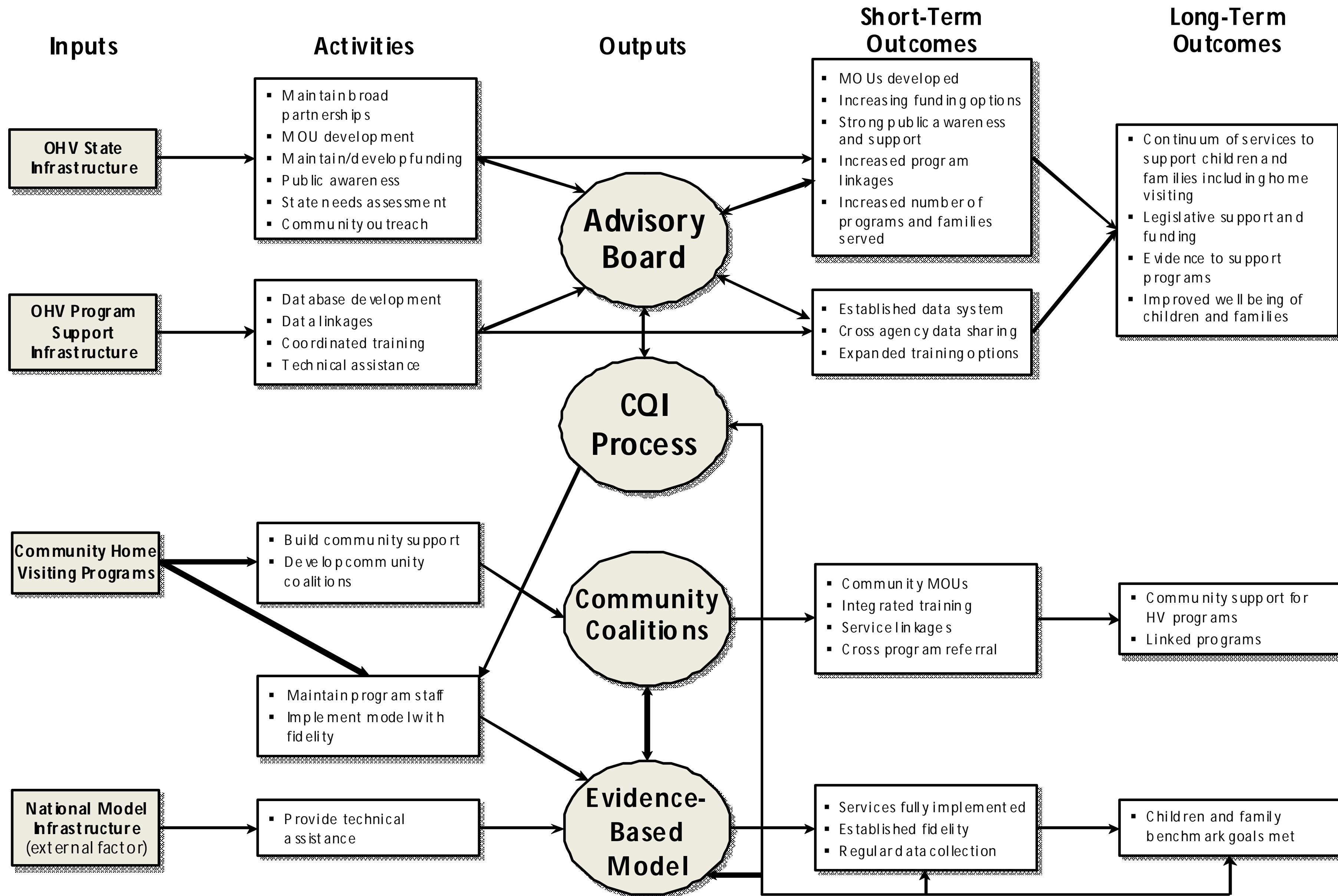
OHV staff and the Department of Human Services, Division of Child and Family Service's (DCFS), Child Abuse Prevention Administrator are coordinating, planning and sharing accountability for the funding of home visiting programs. A recent and positive outcome of this coordination is the development of an interagency revenue agreement which allows for DCFS to transfer some of their Community Based Child Abuse Prevention (CBCAP) funds to the OHV to support the implementation of home visiting programs. Additionally, DCFS is collaborating with the OHV on the development of joint language to streamline and coordinate the sub-contracting process for communities applying for funding of home visiting programs.

The BCD recently hired a Child Development Specialist who is tasked with working with state and community partners that serve young children to incorporate use of the ASQ-3 and the ASQ-SE tools within their agencies. The results from the use of this child development screening instrument will be maintained in a state data system provided for by the developers of the ASQ. The state home visiting programs are already using the ASQ. The OHV, through its database contractor, will develop an upload to the state ASQ system providing for uniform assessment of children's development statewide.

The development of Utah's Early Learning Guidelines are the culmination of a three year collaborative project between the Utah State Office of Education, and the Utah Family Center

and the Department of Workforce Services Office of Child Care. The guidelines were developed to help families, educators and communities make informed decisions about curricula for pre-K children. These early learning guidelines describe specific, research-based objectives for pre-kindergarten children in five basic content areas. The implementation of these guidelines in the home and in early childhood programs will improve kindergarten transition and reduce achievement gaps. This work creates an opportunity to strengthen cross-systems efforts by aligning all work with young children under the same set of early learning guidelines.

Logic Model



Section 3: Proposed State Home Visiting Model(s) and Explanation of How the Model(s) Meets the Needs of Identified Communities

Utah currently has four of the seven nationally approved evidence-based home visiting models in operation: NFP in Salt Lake County; HFA serving three counties in the northern part of the state, Utah PAT serving four counties through four different service providers, and EHS which operates in six counties through eight different programs.

The OHV recognizes that no single home visiting model can meet the needs of all communities. For this reason, Utah's state plan will adopt a multi-model approach to home visiting that will include: NFP, HFA and PAT. It was a difficult decision by the OHV not to include EHS for funding with the MIECHVP funds. In the end, the decision was a pragmatic one based on available funds. While funding for EHS in the state is often insufficient to serve all eligible families, it does have a steady funding source through federal Head Start agency and the cost per family for EHS is more than twice the cost of the other home visiting models. NFP, HFA and PAT programs in Utah will rely almost solely on the MIECHV funds.

The MIECHVP will support the expansion of existing programs in the targeted counties of Salt Lake, Weber, and Uintah.

- Salt Lake County: NFP and PAT
- Uintah County: PAT
- Weber County: HFA

These three counties have high incidences of numerous risk factors such as teen pregnancy, pre-term and low birth-weight babies, higher than average school drop-out rates and poverty, a strong predictor of poor outcomes for children. The evidence-based home visiting programs in these counties all have waiting lists.

After the release of the first SIR, the OHV Steering Committee began to discuss which models that might be approved by HRSA as evidence-based. Early in the planning process, the Steering Committee expressed strong interest in the Triple P Parenting Program which has demonstrated positive outcomes. As a result of the interest in Triple P, the OHV hosted a day-long training on the Triple P Parenting Program. Ron Prinz, from Triple P America, was invited to present to a group of state and community level partners. While the information provided was compelling, the Steering Committee decided that the model was not appropriate for the OHV to fund and implement due to the fact that the program has many components that are not home-based. In the end Triple P was not included in the list of approved evidence-based models as determined by HRSA.

After the release of the 2nd SIR and HRSA's approval of the evidence-based models, the OHV and Steering Committee met and finalized selection of models for the Utah state plan. The following paragraphs in this section detail Utah's process for selecting the appropriate models.

The question before the steering committee was to determine the viability of expanding the programs, and whether they met the needs of the community.

To determine the viability of expansion, the OHV initially contacted the model developers to gauge their support for expansion of the selected home visiting programs in the targeted programs. Results of these conversations indicated that all programs were ready for expansion. In May 2010, the NFP National Service Office's regional contact conducted a site visit to the local Utah NFP program. OHV staff was invited to attend a meeting as part of the site visit and used this opportunity to talk with the NFP representative, Blanche Brunk, about plans to expand the NFP program. Ms. Brunk expressed strong approval for program expansion and indicated that the local NFP program had exceeded implementation benchmarks set by the National Service Office. The OHV spoke with the PAT national office as well as the director of the Utah Parents as Teachers program, Meg Miles, to assess readiness of the local programs targeted for expansion. The OHV was assured that both PAT sites, in Uintah and Salt Lake counties, were ready for expansion of their services.

OHV staff communicated with the HFA National Office, Western Region contact, Kate Whitaker, on several occasions, by phone, to discuss the possibility of expanding the HFA program in Weber County. The Weber County HFA program is in excellent standing with HFA National and is in the process of receiving accreditation. The site is well positioned for program expansion.

Another level of community readiness was assessed. Each of the home visiting programs in the targeted communities were and are serving families at capacity and continue to receive referrals, resulting in waiting lists. Through its regular communication with the home visiting programs in the targeted communities, the OHV learned that program referrals come not only from community referral sources but from families themselves. This indicates a strong need for services in the identified communities. Utah's existing home visiting programs are serving only a small percentage of potentially eligible families and expansion of existing services would be welcomed by the programs, the community and the families.

Based on the crosswalk developed by Mathematica, the OHV examined the evidence-based models and their outcomes. It was clear that NFP, PAT, and HFA closely aligned with the identified risk factors noted in Salt Lake, Weber, and Uintah counties (please refer to www.homvee.acf.hhs.gov). Section 1 of this application provides detail on the specific risk factors present in each community. In addition, the community readiness interviews conducted by the OHV and discussed in more detail in the next sub-section indicated the need for expanding the home visiting programs in the targeted communities.

In sum, the existence of an evidence-based program in the targeted communities was one factor in model selection. The second was the readiness and capacity of the individual programs to expand with fidelity and quality. Lastly, the OHV and its Steering Committee compared the outcomes associated with the existing models with the data from the statewide needs assessment and determined that the current models did meet the needs of the community and addressed the risk-factors present in those communities. It was therefore determined that it

was more prudent to expand the existing programs rather than fund the implementation of a new home visiting model and program.

Process for engagement of at-risk communities

Recognizing the need for community engagement the OHV staff conducted a research based community readiness survey, *Community Readiness: Handbook for Successful Change*, in the targeted communities of Salt Lake and Weber counties. The OHV Steering Committee reviewed and supported the use of the survey tool and assisted in developing a list of appropriate contacts. OHV staff interviewed key partners in the targeted communities. Interviewees included staff from Part C Early Intervention programs, local child welfare agencies, local substance abuse agencies, Family Support Centers/Crisis Nurseries, local health departments and Children's Justice Centers. Results were compiled and presented to the Steering Committee. The results of the survey allowed the OHV to better understand gaps in current services and perceived needs of the community. A sampling of responses indicated that there was a need for prevention services targeting at-risk families rather than services that for families after an incident has occurred. Another respondent indicated that there was a lack of parent support services for families yet data show rates of child abuse and child poverty. Lastly, early intervention services are available for young children with developmental delays and/or disabilities but few services for children and families with less severe delays or at-risk for other reasons. In total, the results from the community readiness survey indicated that the targeted communities were ready and supportive of evidence-based home visiting programs in their community.

Due to personnel changes within the OHV in the spring of 2011, the process of visiting targeted communities was temporarily put on hold. Telephone interviews occurred with some stakeholders in the county however, OHV staff plan to conduct community interviews to engage stakeholders in Uintah County within 60 days of this writing.

Prior to the submission of this application, the OHV convened a meeting with the home visiting programs in Salt Lake County, along with other early childhood stakeholders, to discuss the development of a local home visiting plan based on the statewide needs assessment. The meeting also included a discussion of agency readiness and ways to improve cross agency collaboration to better utilize the limited resources available to families in the county. In addition, the OVH staff met, individually and jointly, with the NFP and PAT programs to discuss the information about the targeted communities as required by the SIR such as community strengths and risk factors; characteristics and needs of participants; existing home visiting services in the community: mechanisms for screening;, identifying and referring families and children to the home visiting programs in Salt Lake County; and referral sources currently available and needed in the future to support families.

NFP/NSO requires that each potential implementing agency conduct outreach to communities by convening diverse stakeholder, providing basic education about the model, encouraging communities to do their own local needs assessment, and reviewing current community programming by estimating the size of the eligible populations. The NFP program in the Salt

Lake Valley Health Department began their community outreach process in 2007. In addition to working with community partners, the local health department staff hosted a community forum where a representative from the NFP/NSO presents on the NFP program and its outcomes. Once the Health Department determined that it was going to begin implementation, staff held a televised press conference with the County mayor as a speaker. The County Mayor had supported implementation of the NFP program and actually found the initial funding to start the program.

Local NFP programs are required to develop Community Advisory Boards to build strong, broad and high-level support from individuals and organizations in the local community. Salt Lake County's Community Advisory Board is made up of: OHV, United Way, University of Utah Department of Pediatrics, Salt Lake Valley Health Department, Zions Bank, Part C Early Intervention, Salt Lake County Substance Abuse Services, March of Dimes, Salt Lake City Office of the Mayor, Salt Lake City and Granite School District's Early Childhood Specialists and the PAT program. The OHV is an active member of this Board and periodically gives presentations on the work of the OHV.

PAT has had a presence in Utah for many years and is well known in most communities. The PAT Essential Requirements for an affiliate program include the development of an advisory committee to include program personnel, community service providers, community leaders, families, and other stakeholders. Utah PAT has worked with its communities to develop referral sources for the program which has built community engagement and support. The OHV staff participates on the UPAT Advisory Board and has made presentations to members on home visiting and the work that the OHV is undertaking.

Prior to the implementation of the Healthy Families program in 2008, Prevent Child Abuse Utah in Weber County and a coalition of community partners that are the gatekeepers to serving pregnant mothers in the target area, including the local hospital, regional hospital and the community health center, determined the need and garnered support for the implementation of the HFA program. It was determined that the HFA program would provide services for a population known to need more services than existed at the time; first-time pregnant mothers with risk factors. Not only did the data indicate high need in certain areas of Weber County but community partners had first hand experience in understanding that the existing services did not meet the needs of the most vulnerable in the county. Programs that did exist were short term and did not have the capacity or training to provide more continuous involvement to ensure the child's and parent's needs were met and supported.

Prevent Child Abuse Utah has been a strong and visible partner in the state and its resident community in preventing child maltreatment and promoting policies and programs that support parents and children. They were, therefore, a logical choice for the implementation of an evidence-based home visiting program.

The "Healthy Moms" coalition, a Weber County coalition of community partners, was created for the purpose of serving Healthy Families Utah as a community partner for referrals, and as an

advisory board. The original members were funders, community partners and referral sources such as St. Benedict's Foundation, Intermountain Healthcare, McKay Dee Hospital, Ogden Regional Medical Center, and Mid-town Community Health Center. The coalition has since expanded from these entities into a larger community resource composed of representatives from various agencies in Weber County including: Healthy Families Utah/Prevent Child Abuse Utah, Weber County Health Coalition, DCFS, Weber Human Services, Weber State University, Children's Justice Center (CJC), Ogden City Police Department, Salvation Army, Second District Court, Utah Foster Care, Ogden and Weber School Districts, Utah School for the Deaf and Blind, and the local community health center.

In addition to family referrals, the coalition collaborates to better serve the community by providing a network base that directs families to the appropriate resources that will best meet their particular needs. The Healthy Mom's Coalition meets every month to coordinate existing community services and explore the development of new programs depending on the needs of the community. The most recent programs that have been organized through Healthy Moms are a substance abuse support group for women through the Salvation Army, a teen advisory committee through Ogden and Weber School Districts, a teen parent support group through Healthy Families Utah, drug endangered children's education and support group through DCFS and CJC, and parenting classes for families who are not "in the system" but feel they could benefit. These classes are provided by various agencies in the coalition. The most recent event that the Healthy Mom's Coalition organized was the *Drug Endangered Children's Conference* which was a great success. The speakers provided a wide array of information ranging from a medical prenatal perspective to the long term adverse effects on the lives of drug endangered children. OHV staff will attend, bi-annually, the Healthy Moms Coalition.

Attending the advisory board meetings presented an opportunity for the OHV to educate the community about the MIECHV overall grant, the goals and expectations and current and future funding opportunities for communities. The OHV will continue to engage the members of the targeted community through participation in program advisory boards or councils act as a point of contact with local early childhood or home visiting coalitions, and conduct semi-annually regional community meetings.

The following paragraphs provide a description of the program models chosen for implementation.

The Nurse Family Partnership model is designed to give first-time mothers valuable knowledge and support throughout pregnancy and until their babies reach two years of age. The program partners first-time moms with caring nurse home visitors who empower these young mothers to confidently create a better life for their children and themselves. Nurse home visitors focus on providing support to moms to have a healthy pregnancy, to improve the child's health and development and to become more economically self-sufficient. These primary outcomes are associated with preventing child abuse, reducing juvenile crime and increasing school readiness.

The Parents as Teachers model is designed to serve families throughout pregnancy until their children enter kindergarten. Communities may be identified as particularly in need of home visiting because of demographic data (e.g., level of infant mortality, poverty, or low educational attainment) or geographic characteristics such as distance to services or lack of accessible resources. The PAT model is adaptable to varied target populations and communities, and affiliate programs serve families with a range of risk factors. The PAT model is designed to promote positive parenting and optimal child development and build protective factors for families from a range of backgrounds. PAT serves a broad range of families with high needs, not just first-time parents, pregnant parents or teen parents. The PAT Foundational Curriculum is a good fit for addressing the needs of many targeted at-risk populations and incorporates the Strengthening Families Protective Factors.

The PAT model provides a cohesive package of services with four primary goals:

- Increase parent knowledge of early childhood development and improve parenting practices.
- Provide early detection of developmental delays and health issues.
- Prevent child abuse and neglect.
- Increase children's school readiness and school success.

Model components are integrated to promote parental resilience, increase knowledge of parenting and child development, and encourage social and emotional competence of children—all vital protective factors.

Nurse Family Partnership and PAT Coordination

NFP and PAT both serve the communities within Salt Lake County. NFP targets low-income first-time pregnant mothers. NFP has been serving families since 2008 and is funded to serve 125 families. According to UDOH data and, Salt Lake County has over 1,000 women that would be eligible for the program indicating that the program is serving approximately 10% of the eligible populations.

While NFP has achieved many successes and plays an important role in promoting positive maternal and child health outcomes, the eligibility requirements for the program are very restrictive. A mother must be a first-time mother no further along in her pregnancy than 28 weeks, limiting many mothers' access to needed home visiting services. Because of these eligibility requirements we recognize that Salt Lake County needs more than one program model to meet the diverse needs of the community.

The Salt Lake NFP program coordinates its referral process with the PAT program. If a woman is referred to NFP but does not meet the eligibility requirements NFP makes a referral to PAT. PAT, as a model has universal eligibility however they prioritize first-time mothers and very high risk pregnant mothers.

The OHV believes that expanding the service capacity of these two program models will allow the programs to target more of the families most in need of home visiting services and lead to further coordination between the programs. While Salt Lake County's EHS programs are not receiving grant funding at this time, NFP and PAT are encouraged to plan and coordinate with those programs as well.

Healthy Families America is a home visiting program designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. HFA services begin prenatally or right after the birth of the baby and are offered intensively, and over the long-term (3-5 years after the birth of the baby).

The goals of the program are to:

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth;
- Cultivate and strengthen nurturing parent-child relationship;
- Promote healthy childhood growth and development; and
- Enhance family functioning by reducing risk and building protective factors.

Utah's experience with implementing Nurse Family Partnership, Healthy Families, and Parents as Teachers

The OHV has a close, collaborative relationship with the NFP, HFA, and PAT programs supporting their implementation through technical assistance, training, funding, and develop a coordinated data collection system to monitor and report on statewide outcomes.

The Salt Lake Valley Health Department began implementing the NFP program in 2008. The programs initial data analysis shows very positive outcomes for families in the program. Key informant interviews conducted by the OHV indicate that the NFP supervisor and home visitors are committed to the program and feel that the NFP NSO provides extensive support to ensure quality implementation of the program. In 2010, the NFP program served over 100 women. Both the NFP supervisor and NSO, believe that the Salt Lake Valley Health Department's NFP program has the capacity to support the addition of four more nurse home visitors which would result in the ability to serve 100 additional families.

In 2008, Prevent Child Abuse Utah received a Community Based Child Abuse Prevention grant from the Utah DCFS to implement the HFA home visiting program. The program is currently going through the accreditation process and is in good standing with the HFA National Office. The OHV has extensive knowledge of the program and the agency, and meets often with the agency director. Healthy Families served more than 90 children and their families through three programs in three northern Utah counties.

The HFA program has been operating in Weber County for three years and has continued to receive more referrals for services than the program can provide for. The program serves about 45 families and estimates that it can serve approximately 45-60 additional families.

Utah PAT affiliate programs have been supported through a nationally designated state program office for close to a decade. Utah PAT 2010 annual report indicates it served 290 families in Salt Lake, Cache, Utah and Uintah counties. PAT estimates that it could serve 190 additional families with eight more home visitors in Salt Lake and Uintah counties.

Utah's plan for ensuring implementation, with fidelity to the models including quality assurance and program assessment and support of model fidelity

The home visiting programs in Utah are affiliated with nationally developed, evidence-based home visiting models that provide resources for quality assurance and supports for implementing and maintaining model fidelity. As of the writing of this application the targeted programs are all in good standing with their national program offices.

The OHV will require that NFP, HFA, and PAT follow the fidelity and quality assurance requirements of their national developers detailed later on in this sub-section. The OHV has established a relationship with the NFP and HFA national program liaisons and with the PAT state intermediary. Monitoring activities for OHV-funded programs will be coordinated with the model intermediaries or national model liaison to ensure implementation fidelity through progress reports, technical assistance, and consultation and site visits from the model representatives.

In addition to working with the National Programs, OHV will work with each individual program to monitor program fidelity.

The OHV will support adherence to model fidelity of implementing agencies by:

- Requiring a contact and program plan (see subcontract language in the section below).
- Requiring commitment to consistent documentation of service process data and use of these data to guide continuous program improvement;
- Providing technical assistance to implementing agencies through site visits, teleconferences, webinars, and one-on-one phone calls.
- Conducting a minimum of two site visits annually with one visit to include OHV staff shadowing a home visit. Written feedback that will include recommendations and timelines will be provided to sites within two weeks of visit.
- Collecting and assessing quarterly reports on process and outcome data. Feedback will be provided to individual sites on the status of their data quality and performance.
- Monitoring and analyzing data related to benchmarks and programs status on benchmark attainment.
- Monitoring and analyzing data to ensure fidelity to the model and to provide a feedback loop for continuous quality improvement.
- Monitoring the state home visiting database, quarterly, for data quality and consistency.

The OHV will spend the next several months developing a site visit review tool to provide consistency in the way visits are conducted so that program fidelity is appropriately monitored.

The OHV will develop an MOU with the model developers to provide an annual verification that programs are in compliance with their national model. Part of this agreement will detail how the OHV will partner with the model developers to support them in providing technical assistance and support when it is necessary.

OHV will establish a state home visiting coalition comprising of OHV staff, a representative from each home visiting program, and key stakeholders as needed. This group will meet quarterly to assess needs of the program and provide technical assistance.

In early 2010, the OHV conducted key informant interviews with all evidence-based home visiting programs that included the agency director, program supervisor, and home visitor. The interviews provided an opportunity for the OHV to learn about challenges, needs and successes of the programs and how the OHV staff might provide support and respond to any issues associated with the implementation of the program. The OHV plans to conduct these interviews annually and to add parent input. Key informant interviews not only supply the OHV with important information about the implementing agencies to support fidelity and quality but they also act as a form of continuous quality improvement for the OHV.

Individual programs will provide quality assurance according to their program models as detailed in the following sections.

Nurse Family Partnership Quality Assurance Guidelines

NFP relies extensively on a continuous quality improvement (CQI) approach to monitor implementation and identify opportunities for improvement. Implementation of the model must be in accordance with 18 core model elements that increase the likelihood the program will be delivered with fidelity to the model tested in the original randomized controlled trials. An NFP web-based information system generates data on key implementation components and outcomes. Reports made available to sites enumerate the degree to which they meet, exceed or fall short of implementation benchmarks, and guide the development of quality improvement strategies to improve program performance.

The NFP National Service Office (NSO) provides intensive education for nurse home visitors who utilize home visit guidelines, clinical consultation, and intervention resources to translate the program's theoretical foundations and content into practice in a way that is adaptable to each family. Implementing agencies enter data from each visit into the NFP national web-based Efforts to Outcomes (ETO), where data are monitored to ensure that the program is being implemented with fidelity to the model. The OHV maintains a strong relationship with the NFP NSO and will rely on frequent updates on the status of the local implementing agency. Additionally, the NFP NSO recognizes the importance of replication with fidelity to achieve the positive results claimed by the program model developers. Therefore, the NSO provides

standardized and customized technical assistance and quality assurance guidance. The following are components of the technical assistance provided:

- Orientation to the NFP program model and its Implementation Requirements. Commitment to implementing the model elements is a contractual requirement of each entity implementing NFP;
- Community planning that engages community residents, leaders, advocacy organizations, business leaders, etc., to educate them about the program, assist them in conducting feasibility testing to determine whether NFP meets their needs and assists them in determining how to implement the program model in relationship to other services and supports in the community;
- Selection of the implementing agency;
- Education of Home Visiting program staff;
    - Staff recruitment,
    - Competency definitions, assessments and professional development resources,
    - Home visitor and supervisor education process,
    - Diversity and cultural competency,
- Program Implementation Monitoring and Continuous Quality Improvement;
    - Systematically monitoring program implementation and outcome data.
        - Family interaction;
        - Program implementation; and
        - Maternal and child outcomes.

Parents as Teachers Quality Assurance Guidelines

PAT's Quality Assurance Guidelines help programs plan for an expansion of services, operations and, if needed, management. Ongoing compliance with the Essential Requirements is necessary for continued implementation of the PAT model. Affiliate programs report on compliance with the Requirements annually via the Affiliate Performance Report. In addition, affiliates engage in expanded program assessment every four years, incorporating additional data, stakeholder input and documentation review to support the findings of their assessment. Both the focused annual compliance assessment and the comprehensive program self-study result in action plans that help ensure high quality services to children and families.

An initial PAT Affiliate Plan includes:

- A review of the Readiness Reflection and Essential Requirements which help communities assess their ability to fully implement the PAT model with fidelity.
- Completion of an Affiliate Plan. An Affiliate Plan guides organizations through planning to build a strong foundation for a high quality program. It also helps determine appropriate staffing and budget.
- Sending home visitors to training. Once an Affiliate Plan is approved, home visitors are required to complete the PAT Foundational Training and the Model Implementation Training. The Model Implementation Training incorporates the PAT Quality Assurance

(QA) Guidelines. The training explains how to successfully replicate the PAT model with fidelity
- Adherence to model fidelity requirements and an annual Compliance Assessment and PAT Comprehensive Self-assessment

Healthy Families Quality Assurance Guidelines

HFA is based upon twelve research-based critical elements. These elements provide the framework for program development and implementation. Staff is trained on the critical elements. Programs are credentialed based on adherence to the critical elements. To ensure consistent service implementation HFA requires completion of a Self-Assessment Tool, a Site Visit from the national office, and a response period.

The Self-Study is a program's opportunity to demonstrate implementation of the standards and is both a process and a document. The self-study provides the evidence necessary to illustrate implementation of the standard requirements. Affiliation with HFA provides additional technical assistance that support implementation with fidelity: strategic messaging; training and technical assistance beyond the core training; connection with a larger network of HFA affiliates, and systems development.

Subcontract Process

The OHV has obtained the Utah State Division of Purchasing's approval to develop "Sole Source" contracts with the targeted home visiting programs. This enables the OHV to contract with the program's host agency directly without going through a public Request for Proposal process. The agencies have already been implementing the home visiting models and the OHV has funded them in the past for program expansion. The application, ensuing contract, enable the OHV to ensure accountability, adherence to fidelity, and how they plan to expand the program.

The following will be included in the application requirements:

Program Plan

- Provide a statement of need
    - Include the total number of families to be served by this proposed expansion;
    - The total number of additional families that could be served if additional funding became available (this should be provided in increments associated with full caseload per home visitor);
    - List each position, and related FTE and the amount requested for expansion funds; and
    - Provide an expected timeframe for reaching full caseload.
- Implementation with fidelity to the model

- Describe how you will assure implementation with fidelity the home visiting model you are using.
- What are areas your program is focused on for quality improvement?
- How will you monitor your quality improvement efforts?
- Describe how your agency/program addressed previous challenges related to maintaining fidelity.
- What, if any, challenges has your agency/program had with implementation/expansion of your program and how did you address those challenges?

- Program staffing, including recruitment and retention of home visitors, and training
  - Describe your plan for hiring and retaining the staff necessary to expand your home visiting program.
  - Include a recruitment plan to hire proposed staff for this expansion, and address how you will address challenges encountered in the past with recruitment efforts and retention of staff.
  - Describe how supervision of home visitors will be managed. What is your plan to ensure that program supervisors provide reflective supervision?
  - Please describe your plan for obtaining the appropriate model training for the new home visitors and/or supervisor(s).
  - Please discuss the on-going training plan for home visitors and supervisors.
- Outcomes and Evaluation
  - Submission of a logic model which should map out how the program's resources, implementation activities, and outputs work together to produce desired outcomes.
  - Required data collection on all benchmark areas in a format to be specified at a later date. A list of benchmarks and the associated constructs will be provided to the home visiting programs.
  - Data on all constructs must be collected. The only exceptions are:
    - Under Benchmark 1 (Improved Maternal and Newborn Health), if newborns are not being served then the constructs related to birth outcomes do not need to be reported.
    - Under Benchmark 4 (Crime or Domestic Violence), the OHV expects subcontractors to collect data on domestic violence.
- Discuss populations to be served and a list of referral sources.
  - NFP serves first-time, low income mothers.
  - PAT and HFA will serve pregnant women, not necessarily first-time mothers.
  - Please provide a detailed plan of your outreach methods to target this population with a focus on participants who:
    - Have low incomes;
    - Are pregnant and have not attained age 21;
    - Have a history of child abuse or neglect or have had interactions with child welfare services:
    - Have a history of substance abuse or need substance abuse treatment;
    - Are users of tobacco products in the home;

    - Have, or have children with, low student achievement;
    - Have children with developmental delays or disabilities
    - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
- Community Support
  - Provide specific examples in the last 5 years of community partnerships and collaboration that have been beneficial to your program.
  - Describe the actions taken to develop new community support and maintain existing support for the program.
  - If there are other home visiting models in your community, please describe how you collaborate and describe mechanisms for screening, identifying, and referring families and children to home visiting program (e.g., centralized intake procedure).
  - Describe referral sources currently available and needed in the future to support families in your program including a plan for coordinating your home visiting program with other existing programs such as mental health, substance abuse and other social and health services.
- Agency Capacity
  - Describe a public awareness approach for promoting the benefits of home visiting in your community and statewide.
  - Describe a three-year sustainability plan. What are your plans for sustaining your home visiting program beyond the MIECHVP funds?
  - Provide examples of ways your organization has demonstrated commitment to implementing and sustaining your home visiting program.

Contract Content

- Contracts will be developed between DOH/OHV and the implementing agency and will include requirements such as:
  - The evidence-based model fidelity requirements
  - Assurances that the program will seek appropriate accreditation or affiliation from the model developer.
  - Recruitment, screening and selection, orientation and training of appropriate staff, including language competency requirements for service areas with a high proportion of non-English speakers.
  - Initial training of staff according to the national model developer's requirements.
  - Written agreements with sources of family referrals for the program indicating commitment to identify and refer families and an estimate of how many referrals will be made monthly.
  - Written agreements with referral sources for services families may need, for example, health insurance, Medicaid, CHIP, WIC, maternal and child health,

mental health, substance abuse treatment, housing, education and job training, job placement, etc.

- Plan for implementation of home visitation services with fidelity to the chosen model.
- Program monitoring and data requirements
- Regular, periodic entry of key process and outcome (benchmark) data into the OHV data management system.
- Use of the Utah home visiting database (NFP is exempt from this)
- Participation in the local and cross-site evaluation.
- Time frames for completion of the above components.

Anticipated challenges and risks of the programs and the proposed response

Two challenges may be identifying qualified staff, especially nurses willing to work in a home-based public health setting, and attracting bi-lingual (Spanish-English) professionals to meet the needs of the communities that are currently implementing evidence-based home visiting programs. Additionally, Utah is an international refugee resettlement site. Most refugees, although not all, live in Salt Lake County. While the numbers of individuals representing different racial and ethnic groups are not large, there are many different ethnic groups represented among those that have been relocated to Utah. All of the racial and ethnic groups speak their own language. It will be very difficult to find qualified staff that can speak these individual languages. Technical assistance from the state and national level will be provided to support a program in reaching fidelity and supporting quality implementation. The OHV will require subcontractors to outreach to and develop partnerships with agencies such as, the Indian Walk-in Center, the Asian Association and the Indian Health Service.

As previously stated, the targeted communities have existing evidence-based home visiting programs with established partnerships within their respective communities. Each community recognizes the importance of strong community partnerships and a comprehensive system of supports and services to improve outcomes for families. The communities strive to be inclusive and build partnerships with referral sources and community agencies that provide needed services to families. The challenge for Utah's communities is the lack of early childhood councils that operate at the local level to facilitate the planning and development of a home visiting or early childhood plan. In addition, two of the three communities targeted for the MIECHVP funds have just one evidence-based home visiting program.

Section 4: Implementation Plan for Proposed State Home Visiting Programs

Utah's state home visiting plan for year one includes the expansion of existing programs in high-risk communities identified in the statewide needs assessment. The programs within the targeted communities are all in good standing with their model developers and have a strong relationship with the OHV. The communities have a demonstrated need for additional home visiting services based on needs assessment data, community planning, and long program

waiting lists. The national offices of NFP, PAT and HFA are aware and supportive of Utah's implementation plan to expand current programs. The OHV will support expansion of the home visiting programs through collaboration with the model developers, providing implementation technical assistance and program monitoring. PAT is fortunate to have a state office that can provide on-site program support to ensure implementation fidelity and quality programming. The OHV will request applications for funding to the identified organizations that are currently implementing the approved home visiting models in the targeted communities to expand their evidence-based home visiting in the target communities. Application responses are due to the OHV by September 21, 2011. Approved applications will result in a sub-contract with the OHV to begin on October 1, 2011.

A process for engaging the at-risk communities around the proposed plan identifying organizations and other groups consulted

Community engagement activities include the community readiness survey discussed in Section Three. In addition, staff presented at various community and state agency meetings to discuss the proposed home visiting plan. Examples are the Utah Prenatal Taskforce, Safe Kids Coalition, Salt Lake City Mayors Literacy Council, NFP and PAT Advisory Boards, the local health department's Nursing Directors' monthly meeting local health departments Health Officer's meeting, and the Family Support Centers Directors monthly meetings.

The OHV's Community Advisory Committee was engaged in the development of the MIECHV state home visiting plan. Membership of the Community Advisory Committee consists of staff from evidence-based home visiting programs, non-evidence-based programs, county and state level maternal and child health programs, state injury prevention program, state substance abuse and mental health agency, past director of the UDOH Division of Family Health and Preparedness, Community Based Child Abuse Prevention program administrator, Voices for Utah Children-a state child advocacy organization- and the Utah State Office of Education.

The OHV plans to continue to develop relationships at the local level throughout the next year. OHV will work with each community to join or establish an early childhood council to develop new community partnerships and to identify alternative ways to build coordination and collaboration in the community. The state will take an active role in supporting sites to develop community partnerships by identifying key partners, coordinating information among partners, and providing technical assistance. OHV will serve on the individual program's advisory boards as invited and eligible. OHV will continue to seek public information from targeted communities through the regional community meetings. Details of the survey tool will be developed over this next year of planning. The cycle of ongoing community engagement will be replicated each year as appropriate.

Opportunity for community engagement will be provided through the establishment of a State Home Visiting Advisory Council. The OHV will facilitate the development of this Council. Council membership will consist of supervisors and home visitors from all home visiting programs throughout the state; those will high levels of evidence and well as those with less. The OHV

will convene Council meetings, at a minimum, quarterly, and provide communities with a forum for engagement with its state level partner. The council will share information, community resource information, best practices, and avoiding duplication of services. The council will also act as a professional support network for local home visiting program staff and their leadership.

OHV is implementing a website and social media that can be a virtual gathering place for community partners and potential families served. The website is established currently. The social media piece will be added by June 2012. This will give individual programs a common place to ask questions, share insights and join together. These venues will give place for further public comment about the needs in targeted and other communities.

The model purveyors understand the important role of community engagement in program sustainability and quality implementation. The national offices of NFP, PAT, and HFA require local programs to establish community advisory boards or committees whose membership reflects the community and its stakeholders.

Utah's approach to development of policy and to setting standards for the State Home Visiting Program

At this time, the OHV will rely on the standards and policies developed by each model developer as guidelines for the state program. Each funded program must provide a plan that detail the specific policy on: frequency and durations of visits; adherence to selected curriculum in conformance to program model; family recruitment, selection and enrollment; home visiting staff recruitment, selection, training; appropriate supervision and plan for providing reflective supervision; data collection and records, and evaluation and monitoring of outcomes. Details of the subcontract implementation plan are listed in Section Three of this document. The OHV will work in close partnership with the model developers and the PAT state office to ensure any state-level policies or standards do not contradict any model-specific policies or standards. OHV will require that all programs adhere to the policies and procedures of their selected model program. Subcontractors will submit their plan to the OHV by September 21, 2011 to begin implementation on October 1, 2011. The OHV will require all subcontractors to share their application plan with the respective model developer.

However, we recognize that the State will need to develop additional policies and set standards to guide the state home visiting program and its oversight of the locally funded programs. Over the next six months the OHV Steering Committee, with input from the home visiting programs, will explore policy development in the following areas:

- Timelines and format for reporting data on the MIECHV benchmarks;
- A standardized schedule of when to use the data collecting tools will need to be implemented for each program;
- Reporting requirements to demonstrate model fidelity;
- Timeline to meet core model training requirements;
- Agency Director role and training requirements;
- Contract monitoring policies including monitoring tools and corrective action standards;

- Home visitor and supervisor qualifications;
- Database usage; and
- Additional data collection requirements.

The OHV has been working to develop a core set of outcomes for all home visiting programs and a set of common fidelity requirements. Each program model will be required to adhere to the fidelity requirement of their respective model and work towards accomplishing program outcomes; but in order to conduct a statewide review of home visiting we see the importance of a core set of standards that all programs must achieve. The OHV will also have oversight of the three different models as they are implemented and reach full implementation. This will include reviewing reports, creating a site visit tool to be used during site visits and periodically going out on client visits. She/he will develop a relationship with each of the model developers individually and gather them together as needed to ensure alignment of goals.

Model Implementation Plans

The clear advantages of the evidence-based models targeted for expansion in Utah rest on their established protocols for site selection, implementation, training, monitoring, CQI and evaluation. Utah's evidence-based home visiting programs are part of strong, well established national programs, and in the case of PAT, a strong intermediary organization at the state level, that provide model specific support through consultation and technical assistance. Implementation of program expansions will follow the protocols and recommendations for each model as illustrated in the table below.

Table 5.

SIR requirement	Model	National Model's role	OHV's role	Timeline
Recruitment of qualified staff	NFP	Defines competency, professional credentials, cultural and personal assets. Provides specific job descriptions.	Tracks identification of qualified staff; will work with Utah nursing programs to educate student nurses about NFP as a career option. The OHV requires the subcontractor to submit its plan for recruiting qualified staff. The OHV requires that programs meet the staff qualification standards set by their home visiting model. The OHV will monitor this	Staff hired by November 15, 2011

			through record checks during the site visit	
	PAT	Defines qualifications for Parent Educator as at least high school diploma or GED plus 2 years experience working with children or parents; recommends Bachelor's degree	Provide TA in recruiting bi-lingual Spanish-English Parent Educators	Needed support will be provided as needed beginning October 1, 2011.
	HFA	Defines qualifications of home visitor as at least high school diploma, plus defined experience and personal characteristics.	Existing programs have contract with DCFS that requires Bachelor's degree. Provide TA in recruiting BA level, bilingual Spanish-English Home Visitors. Since home visitors are not employees of the state it is each programs responsibility to recruit qualified staff. OHV will provide professional development in an effort to retain staff. OHV is reviewing the process in offering long term staff incentives for continuing with the program.	
Core model training	NFP	Requires multi-step orientation and education process provided only by the NFP National Service Office.	OHV will fund and provide logistical assistance.	Staff trained by January 30,2012
	PAT	Requires and provides PAT Foundational Training.	Will fund and assist with logistics to arrange in-state Foundational Training	Staff trained by January 30, 2012
	HFA	Requires and provides Core Training.	Will fund and assist with logistics.	

On-going training	NFP	Provides on-going site-specific training and technical assistance through its Regional liaison.	OHV will survey implementing local agency needs and provide corresponding training via sub-contract with PAT and other collaborative methods.	The OHV will provide topic specific trainings on a quarterly basis beginning in April 2012.
	PAT	Requires 20 hours of professional training annually. Offers annual and state professional development conferences; has a state office that provides on-going T & TA.		Same as above.
	HFA	Requires specified hours of on-going training annually. It offers annual and regional professional development conferences; provides technical assistance through a regional liaison		Same as above.
Providing clinical supervision	NFP	Defines maximum supervisor case-load; requires weekly 1-hr. clinical and reflective supervision, monthly team meetings, twice monthly administration meetings and field supervision.	Subcontractors are required to submit a plan their plan for providing clinical supervision and reflective practice. The OHV will contractually require clinical supervision and provide annual training on reflective practice. The OHV will contractually require consistent documentation of clinical supervision in the OHV database. OHV will monitor rates of clinical supervision	Site visits will be scheduled for March 2012
	PAT	Defines maximum supervisor case-load; requires 2 individual supervisions per month, plus two staff meetings.		
	HFA	Defines maximum		

		supervisor case-load; requires 1.5 hours clinical, supervision per week.	through the database. Quality of supervision will be monitored through semi/annual interviews with staff in conjunction with the site visits.	
Identifying & recruiting participants	NFP	Eligibility: first-time, low-income mothers before 28th week of pregnancy. Provides a database of successful outreach and recruitment practices.	The OHV requires subcontractors to submit letters of commitment from recruitment sources and time-lines for reaching full enrollment. The OHV will monitor enrollment through OHV database and provide TA to assist in recruitment challenges. Will provide training on family risk assessment. As part of its TA, the OHV will work with potential referral agencies to educate and inform about the home visiting programs and facilitate creating partnerships to maintain and increase the referral stream.	Full case load 6 months after hire dates
	PAT	Universal eligibility with flexibility to meet local needs.		Full case load 6 months after hire dates
	HFA	Eligibility: pregnant women and children birth – 3 who are identified by standardized assessment as at-risk for poor outcomes such as child maltreatment. Services must be voluntary. Recruitment strategies are part of core training. Creative outreach allows engagement with high-risk, difficult-to-reach families over a 3-month period.		Full case load 6 months after hire dates.
Minimizing attrition rates	NFP	NFPNSO database monitors attrition. Regional liaison provides analysis of data to minimize attrition.	The OHV will monitor attrition rates through the OHV database and quarterly reporting. The OHV will provide TA to identify causes and	This will be monitored during annual site visits and through quarterly

			improve retention. OHV will provide training on how to retain vulnerable families to minimize attrition. OHV will also support professional development to retain staff because losing staff is a major contributor to families leaving the program. Subcontractors are required to submit a participant retention plan that includes solutions to this challenge.	reporting to the OHV. This applies to all three programs.
	PAT	Requires calculation of attrition rates annually.		
	HFA	Requires analysis of acceptance and retention rates at least every 2 yrs.		Retention plan will be reviewed annually and issues will be addressed through technical assistance, support, cross-program mentoring and continuous quality improvement measures.
Coordination with other family resources	NFP	Requires community advisory board representing a range of health and family service providers. Requires coordination through case management.	Will formalize relationships with state divisions and departments into written MOUs that will provide templates for local MOUs formalizing collaboration.	MOU's monitored at site visit march 2012
	PAT	Requires that referral to community-based services be part of each home visit, as needed and desired by family.		
	HFA	Coordination with other health and family service providers is a required critical element.		
Continuous	NFP	Requires periodic	Will require periodic	Monthly

quality improvement		reports on key elements; provides TA by regional liaison to ensure compliance with fidelity and quality issues.	reports through OHV database, and will provide TA to programs to remedy fidelity and service quality issues. Will ensure that OHV data system can generate all reports required by model developers, or will enter into data-sharing agreements with local contractors to access each model's data management system	database monitoring to be completed the by 10th of the following month. Written feedback will be provided by the OHV within 2 weeks. The OHV will provide CQI training to all funded implementing agencies by the end of the first quarter of 2012.
	PAT	Visit Tracker data management system provides periodic reports to local site re: fidelity and quality issues		
	HFA	PIMS data management system provides periodic reports to local sites re: fidelity and quality issues.		
Number of Families to be Served	NFP	# 50		
	PAT	#72		48 SLC site 24 Uintah site
	HFA	#60		

Additional implementation information

Nurse Family Partnership

The NFP NSO's web-based program quality information system sets out clear performance thresholds for each element of the NFP model. This gives every nurse and supervisor clear

targets for quality assurance in program implementation. Reports can be accessed by programs and at the community or state level and used to steadily improve service delivery and fidelity to the model. The OHV and the NFP program have data sharing agreements in place that allows for regular data downloads that are sent to the OHV. This agreement allows the OHV incorporate NFP data into the state level home visiting reports.

Utah's local NFP program has successfully identified and recruited participants since its inception three years ago. The NFP program is offered through the Salt Lake Valley Health Department (SLVHD) which has strong relationships with various community partners who now act as referral sources for the NFP program. NFP supervisor and nurse teams engage in community outreach activities to inform individuals and groups about the program and encourage referrals. Every NFP site has a community-based Advisory Board that provides local support and outreach. The Nurse Practice Council maintains a database of successful outreach and recruitment practices that is shared. Referral partners include pregnancy testing centers, WIC clinics, Medicaid enrollment sites, schools, and primary care providers. The NFP site under consideration for MIECHVP funding has a waiting list. Utah's NFP program estimates it could serve 100 additional families.

The Utah NFP program monitors attrition rates through the NFP NSO database. Each NFP site must submit an annual progress report evaluating performance on the model elements and program outcomes, including client engagement and retention. Sites analyze attrition rates and devise strategies to address the causal factors. According to the NFP supervisor, client attrition in Utah is frequently related to moving. In other cases, nursing interventions are examined and strategies are directed at improving those interventions.

Client attrition is a regular focus of supervisor meetings and Nurse Practice Council meetings. Continuing education, designed to improve competence and confidence in delivering the program with fidelity, also contributes to increased client engagement. Nurses are encouraged to create a flexible visit schedule with clients, as this was identified as a helpful strategy in recent studies done by Dr. David Olds. The NFP NSO has revised the curriculum used by the nurses to reflect a more client-centered approach to topics in an effort to increase client engagement.

Once Utah's State Plan is accepted by HRSA and the funds are awarded, the NFP program under consideration for expansion will be required by the OHV to complete the NFP required model training for the additional nurse home visitors as soon as it next is offered. The OHV anticipates that the program will take the typical five to seven months for full implementation, fulfilling caseload size of each new home visitor.

The NFP NSO provides continuous quality improvement and evaluation, supported by a robust data collection and reporting system that provides information about program implementation fidelity, client intervention and maternal and child outcomes. NFP collects information on family characteristics, needs, services provided, and progress toward accomplishing program goals. Client level data is collected according to schedule by nurse home visitors during visits.

Nurses are trained in standard data collection methods. Regular quality reports are provided to ensure data are complete and accurate. Local, state and national data are provided regularly to local agencies for comparison. Additionally, agencies can run reports of particular interest to them.

Healthy Families America

The HFA program in Ogden began implementation in 2008 and has been operating full caseloads for the past three years. The program was funded for an additional assessment worker in 2010, through a grant from the OHV, to manage large number of referrals they were receiving from. With the MIECHV funds Weber County's HFA program will have approximately 3-4 months after receiving the HFA Core training to reach a maximum caseload. They currently have a waiting list and strong referral partners therefore, no delay is anticipated.

HFA uses a unique strategy called "creative outreach" to minimize client attrition rates. Creative outreach allows staff to continue to creatively reach out to families for three months-even if they are not at home for scheduled visits-knowing that families served by HFA often have not had solid trusting relationships. Programs are required to complete a program acceptance analysis and a family retention analysis at least every two years to identify patterns and trends, and then develop plans to improve retention.

HFA's national office is in full support of communities developing a continuum of services among various home visiting programs. In fact, many home visiting systems use the HFA screening process as a triage to determine which families get which program based upon families' needs and strengths. For example, should a family receive a negative screen for participation in the HFA program, this could result in the family being referred to PAT programs, positive or negative screens for families who are reached by the 26th week of pregnancy could go to NFP, and positive screens and positive assessments go to HFA. At this time there is only one evidence-based home visiting program in Weber County and so there is limited opportunity for a triage system of referrals.

Parents as Teachers

As with the NFP and HFA programs, the PAT programs that will receive MIECHVP funding are existing programs. Current parent educator caseloads are at a maximum, therefore once Utah receives its funding award letter from HRSA, additional parent educators will be recruited and hired. New PAT parent educators must attend the Foundational and Model Implementation Trainings to attain certification in the PAT model and it must be completed prior to delivering services. Utah PAT will provide for training in state or at an out of state location, depending on the timeframe.

PAT is designed to serve families throughout pregnancy until their children enter kindergarten. Targeted recruitment of participants is completed by the local program site, and is influenced by the type of community and its associated characteristics. While PAT has universal eligibility, the goals of the OHV and the UPAT program are to support and improve maternal and early

childhood outcomes, which include pregnancy and birth outcomes. Subsequently, the PAT program will target pregnant women through the MIECHVP program funding.

PAT is collaborating with the NFP program to recruit families and has recently developed new referral source relationships to target pregnant women especially in the high risk neighborhoods and cities identified in the OHV needs assessment. The UPAT Director has been providing frequent updates related to the development of new referral sources.

The PAT National Office recommends that in the first year a home visitor provide a maximum of 48 home visits a month, depending on how intensively the services are being delivered and how much time is needed for travel, etc. The PAT program site has significant numbers of identified, eligible families on waiting lists and a strong partnership with NFP, so the timeline for achieving maximum caseload will be short. The OHV anticipates that the PAT program will meet full caseload within 3-4 months after the hiring and training of a new home visitor.

The PAT model is not designed to meet every need for families. Rather, sites develop partnerships that support referrals for families and improve coordination with schools, local early childhood councils, government programs (such as WIC, Medicaid, CHIP, and Child Find), libraries, the business sector, and community and faith-based organizations to provide a powerful network of support for families. As described in an earlier section of this document, PAT established a referral partnership with NFP to serve those on their waiting list or who are ineligible for the NFP program. The UPAT Director participates in the monthly collaborative meetings that include NFP, EHS and other non-evidence based programs. Community advisory councils are now required of PAT affiliate programs.

PAT National Office provides a fee-based data management system called Visit Tracker. Visit Tracker is a web-based family contact management, recordkeeping and service delivery tracking system. Visit Tracker maximizes program effectiveness by providing real-time access to reports that support program management, model fidelity monitoring and CQI activities. Parent educators and supervisors can access visit records and plan upcoming visits with families, monitor quality and track model fidelity. PAT is working to ensure all of the benchmarks and constructs required under the MIECHVP can be tracked through this system. Utah's PAT affiliates are currently using Visit Tracker, but through an OHV/PAT data sharing agreement with PAT, the OHV will have access to PAT program data to capture relevant information for the MIECHVP. The OHV's data base contractors will phase in the data requirements for the PAT programs so that they can eventually discontinue use of the Visit Tracker.

Utah's plan for working with the national model developers

The OHV has working relationships with the Western Region liaison for HFA and NFP. To date, these relationships have been strong and collaborative in nature. PAT has a nationally supported state office in Utah which works closely with the OHV and is part of its Steering Committee. Preliminary approval letters supporting program implementation/expansion were

submitted to HRSA from NFP, HFA and PAT national offices. Delineation of roles for the model developer and the OHV are presented previously in Table 5.

OHV staff met with Blanche Brunk, the western region liaison from the NFP/NSO during her annual site visit to the Salt Lake Valley Health Department's NFP program. The OHV shared the potential plan to expand the NFP program but at least two home visitors. The final plan was emailed to Ms. Brunk upon completion.

OHV staff had phone and email correspondence with Kate Whitaker, the HFA liaison to Utah to discuss the potential state plan for expanding the HFA program in Weber County. The final plan was also sent to Ms. Whitaker upon completion.

OHV staff met with the Utah Parents as Teachers director Meg Miles, as well as, Karen Guskin from the PAT National Office to share with them our potential plans for expanding both the program in Salt Lake County and in Uintah County. The final plan was shared with them upon completion.

Description of technical assistance provided by the NFP, HFA and PAT model developers

Nurse Family Partnership
The NFP NSO has developed several steps that a community and organization must take before implementing the model. First is providing orientation to the program model and its implementation requirements. This is to ensure that those considering adopting NFP have a thorough understanding of the home visiting intervention and what contributes to a successful program operation and good outcomes. Commitment to implementing the model elements, with the support of the national office, is a contractual requirement of each entity implementing the program. Second, prior to implementing a program in a community, the NFP NSO engages a range of community residents to educate them about the NFP program and assist them in conducting feasibility testing to determine whether the program will meet their needs. The third step involves selection of an implementing agency. The NSO provides assistance in selecting a local agency and offers help developing an implementation plan. Lastly, support for the education and training of home visiting program staff. Education topics include: staff recruitment, staff competency definitions, assessments, home visitor and supervisor education process, and diversity and cultural competency.

Additional support and technical assistance provided by the NFP NSO include: clinical support, evaluation and monitoring for the program, nurse practice support and training; clinical and programmatic technical assistance, compliance monitoring and support; program development and implementation support, and performance improvement monitoring and support.

Healthy Families America
HFA National Office provides training, technical assistance and quality assurance support to individual sites in local communities, while also assisting state systems in building their own infrastructures for in-state advocacy, funding, training and evaluation. As part of the HFA

accreditation process each local site develops a Self Study which provides the program with an opportunity for internal review of its service delivery and administration against professionally accepted, consensus and research-based national standards. Following the Self Study, a 2-4 day site visit provides a review of this self analysis which is rated by HFA staff and peer reviewers. The ratings provide an assessment in quantitative terms of the 160 standards outlined in the HFA Self Assessment Tool. In addition, technical assistance is provided via phone or email as well as on-site technical assistance visits for a fee (separate from the accreditation visits) specifically designed to local needs. Utah has three HFA programs that receive ongoing support form the HFA regional office.

Parents as Teachers
The PAT national office provides the following training and technical assistance, as appropriate, for organizations implementing the PAT model:

- **Start-up Guidance** - Includes **Readiness Reflections**, the **Essential Requirements**, and the **Quality Assurance Guidelines**, which work together to provide detailed information to support the completion of the **Affiliate Plan.** The Affiliate Plan is designed as a logic model to guide program sites through start-up, staffing and budgetary plans for implementing a quality program with fidelity. The Affiliate Plan is then approved by the State and National offices, and becomes a living document. Thus, when a program expands, the Affiliate Plan is updated to incorporate changes.

- **Foundational and Model Implementation Training-** The PAT Model Implementation Training and corresponding Model Implementation Guide incorporates the PAT Quality Assurance Guidelines and offers implementation strategies and evidence-based practices that help organizations fully understand and bring to life quality PAT services. The Model Implementation Training explains how to successfully replicate the PAT model with fidelity. Demonstrating accountability, evaluation and outcomes are themes woven throughout.

- **Annual Conference-** The annual PAT conference provides program staff with opportunities to meet and participate in workshops designed to increase their knowledge and skills and further their professional growth.

- **State Office Support-**The Utah PAT, the state office for PAT in Utah, under a covenantal relationship with the national office for PAT, provides the network of PAT programs in Utah with ongoing training and technical assistance. UPAT statewide topical training and meetings; on-site fidelity monitoring (CPCF is the first line of support for PAT programs in Utah providing training and technical assistance. Examples of training and technical assistance provided by CPCF includes grantee management training; including on-site file reviews); monthly review of data entry into the PAT Visit Tracker; guidance on evaluation instrument implementation, analysis of PAT evaluative tools (both site aggregates and statewide aggregates), and ongoing, regular telephone and email technical assistance targeted to the specific needs of individual sites.

- **Annual Recertification-** Recertification is required for continued access to the PAT curriculum and resources. Ongoing compliance with the essential requirements is necessary for continued implementation of the PAT model. Each affiliate reports on compliance annually and engages in an expanded program assessment every four years. Regular program assessment is required and PAT National assists with this process.

Anticipated challenges to fidelity

It will be the role of the local home visiting programs to adhere to model fidelity requirements. Each site will work with their model developer and the OHV to create a program of monitoring and assessing model fidelity. Programs are required to submit to periodic national review as outlined by the individual program mandates. According the respective national offices, the local NFP, PAT and HFA sites under consideration for funding are exemplary in their adherence to fidelity, and no major challenges are anticipated with regard to sustaining high quality programming in these expansions.

Client attrition is one of the biggest challenges that face the home visiting programs. All funded programs will be required to submit attrition plans to address this concern. OHV will monitor attrition through the database. OHV will provide training on supporting the most vulnerable families. OHV will provide other training and technical assistance as the specific needs arise.

According the respective national offices, the local NFP, PAT and HFA sites under consideration for funding are exemplary in their adherence to fidelity, and no major challenges are anticipated with regard to sustaining high quality programming in these expansions.

An anticipated challenge for the OHV is the quality and completeness of the data to evaluate fidelity. To minimize this challenge the OHV evaluator provides technical assistance related to data entry and any problems associated with timely and accurate data entry. In addition, he will provide agency specific technical assistance on the benefits of accurate data to the agency, such as quality improvement and evaluation.

Describe how and what types of initial and ongoing training and professional development activities will be provided by the State or the implementing local agencies, or obtained from the national model developer

The State OHV will periodically survey the home visiting programs for input on the types of training they need and/or want in order to offer professional development training on the suggested topics. As part of its systems building efforts, the OHV will collaborate with other early childhood programs at the state and community level to offer training opportunities to home visiting and early childhood professionals. The OHV currently contracts with Utah PAT to support the provision of training opportunities. The OHV Advisory Committee's professional development work group will identify opportunities to develop and offer training on topics of universal interest for home visitors and other early childhood professionals.

Initial or core training is provided by the national office of NFP, HFA, and PAT. Each program has a week-long, or longer, core training session that is required.

Nurse Family Partnership
NFP provides face-to-face and distance learning opportunities for the Core Education Training required for all NFP nurses and supervisors. The NFP National Service Office (NSO) also provides ongoing support and training through Dedicated Nursing Practice Consultants that work closely with each individual implementing agency to provide ongoing assistance and guidance.

Healthy Families America
HFA provides model specific Core Training for all direct service staff and their supervisors within six months of hire. HFA Core Training covers identifying families at risk, completing standardized risk assessments, offering services and making referrals, promoting use of preventive health care services, securing medical homes, emphasizing the importance of immunizations, utilizing creative outreach efforts, establishing and maintaining trust with families, building upon family strengths, developing an individual family support plan, observing parent-child interactions, determining the safety of the home, teaching parent-child interaction, and managing crisis situations. In addition to the core training, supervisors or program managers of HFA direct staff must attend a three day intensive in-person training that covers topics such as: types of supervision, quality management techniques, crisis management, case management and reflective practice.

Parents as Teachers
PAT Affiliate programs must send all home visitors and supervisors to the PAT Foundational Training and the Model Implementation Training. The Foundational Training lays the foundation for home visiting as a methodology within the early childhood system and connects the theoretical framework of PAT with practice. Model Implementation Training incorporates the PAT Quality Assurance Guidelines and offers implementation strategies and evidence-based practices that help affiliate organizations fully understand and bring to life quality PAT services. The training explains how to successfully replicate the PAT model with fidelity. Demonstrating accountability, evaluation and outcomes are themes woven throughout. PAT requires that home visitors access competency-based professional development and training and recertify with the national office annually. Additionally, each PAT supervisor must work with each home visitor to help them develop a professional growth plan using the PAT core competencies as a framework. Annually, home visitors and their supervisors should re-assess their competencies and use this assessment to develop written professional development goals. In this way, specific training opportunities or professional growth opportunities can be identified to meet these goals.

Ongoing PAT professional development may be obtained through the PAT national office or through other approved avenues. The OHV partners with the State PAT Office to offer professional development training to the home visiting community. A recent example of this was the PAT training on working with teen parents. The OHV provided funding for this training so that all home visitors, regardless of program model or level of evidence, could attend.

Additional training information

As well as the training required and provided by each evidence-based model, the OHV will provide a variety of training opportunities Over the course of the planning year, the OHV will develop webinars and conferences to enhance home visitors' knowledge and competence. Examples of recent training opportunities are: challenges working with teen mothers, reflective supervision, and developmental parenting. These occurred over the last year.

To address the changing demographics of the state, the OHV will provide annual training on cultural competency, through partnerships with the Utah Department of Health, Office of Minority Health, the Asian Association of Utah which works closely with the state's refugee population the Indian Walk-in Center, Melissa Zito (UDOH liaison to the Native American communities), and the Center for Health Disparities Reduction.

Recognizing the importance of adhering to the research-based curriculum associated with each program, the OHV will work closely with the local home visiting program and the corresponding model developer to explore the need for an adaptation of the curriculum to meet the needs of a particular racial/cultural minority. Subcontractors are required to hire professionals that meet the cultural and linguistic needs of their target populations which means, at a minimum, local home visiting programs must hire staff that speak a language other than English, and/or from racial/ethnic groups that represent the families participating in the home visiting program.

The OHV will create an ad hoc work group to address professional development and identify opportunities to develop and offer training on topics of universal interest for home visitors and other early childhood professionals. The OHV will convene this group by April 2012.

The State Home Visiting Program's role in monitoring fidelity and program quality

The OHV will partner with the model purveyors and local home visiting agencies to support quality implementation, offer technical assistance that supplements what is offered by the national programs, monitor program activity, provide quarterly and annual updates, and contractually obligate programs to adhere to model fidelity requirements.

HFA program data will be monitored through the state home visiting database; the NFP and PAT programs will be monitored by the OHV through regular data downloads from their information systems to the OHV database. The OHV will contact implementing agencies to discuss any concerns that arise related to fidelity and program quality by email, phone calls and/or meetings. For the newly funded programs, site visits will be conducted at least quarterly to provide technical assistance and support. Each funded program will receive at least two site visits each year to review contract compliance, adherence to fidelity and program quality, review of case files, and program observation. Additional site visits may be scheduled with programs as needed.

Utah's plan for obtaining or modifying data systems for ongoing continuous quality improvement

The OHV contracted with a data base company to design and build a state home visiting data base that collects, tracks, and reports process, outcome and fidelity data. The database currently serves the HFA programs but the database developers are working toward incorporating the data needs of the PAT programs. PAT is using the PAT suggested Visit Tracker program but anticipates using the OHV developed home visiting database once it is completed. The NFP NSO provides affiliate programs with its own proprietary Efforts to Outcomes (ETO) information system and continuously monitors the data from local programs.

While the NFP NSO works closely with the Salt Lake Valley Health Department (SLVHD) to ensure their NFP program is in compliance with model fidelity-related elements, they also closely monitor other aspects of program implementation, providing summary reports and data that the local site can use to improve its work. In fact, the NFP supervisor in the SLVHD is able to run a number of different summary reports which are helpful in understanding and improving the way the NFP is implemented locally. Further, the OHV also has a written data sharing agreement with the NFP NSO which provides access to a uniform list of data elements which are needed for the local evaluation. These data sets are sent from the NFP NSO to the local implementing agency (SLVHD), who then passes the data on to the OHV evaluation staff. Similar to the monitoring structure of the NFP Program, with its own information system, the OHV will determine a periodicity schedule for reviewing agency level fidelity data. These data will be fed back to the implementing agencies through data reports, phone calls and site visits. Each agency will also have the ability to access its own data for the purposes of quality improvement

Anticipated challenges

A potential challenge facing local implementing agencies is the utilization of a continuous quality improvement processes. The staffing capacity of these small agencies precludes having local expertise to conduct data analysis that will be helpful to the CQI process. Local staff is able to run basic summary reports that are set up in the database in accordance with the model-specific requirements. However, they don't have the ability to conduct more detailed analysis which would likely make a more significant contribution to understanding program implementation effectiveness.

This challenge will provide an opportunity for the OHV evaluation staff to provide technical assistance to each implementing site based on their specific need. OHV staff can conduct statistical analysis that would lead to the creation of helpful graphs and charts that summarize various aspects of home visiting data and service delivery outcomes that can be used by the local programs. The OHV staff sees this technical assistance role diminishing over time as the local staff learns how to perform these data analysis.

Collaborative partners:

- Title V programs
- ECCS
- State Child Developmental Screening Specialist
- TANF
- Office of Child Care
- Head Start State Collaboration Office
- State Substance Abuse Agency
- Division of Child and Family Services, Title II
- Part C Early Intervention
- Healthy Families Utah
- Nurse Family Partnership
- Utah PAT
- Injury Prevention
- University of Utah Department of Pediatrics, Safe and Stable Families

Assurances provided by Utah
Utah provides assurances that:

- The State home visiting program is designed to result in participant outcomes noted in the legislation;
- Individualized assessments will be conducted or participant families and that service will be provided in accordance with the assessments;
- Services will be voluntary;
- Priority will be given to service eligible participants who:
    - Are low income
    - Are pregnant and under 21
    - Have a history of child abuse or neglect or have had interactions with child welfare services
    - Have a history of substance abuse or need substance abuse treatment
    - Are users of tobacco products in the home
    - Have, or have children with, low student achievement
    - Have children with developmental delays or disabilities
    - Are in families that include individuals who are serving or have formerly served in the armed forces.

Plan for coordination between the proposed home visiting programs and other existing programs and resources in the communities.

While there is no formal early childhood system at the state or local level at this time, some communities do have existing early childhood councils or groups of early childhood providers that meet with some regularity. One example of this is the Healthy Moms Coalition in Weber County mentioned in Section Three. Salt Lake County is the only county receiving funds through the MIECHV program that has an existing early childhood council. There is no existing early childhood council in Uintah, but the Northeastern Counseling Center, located in the County, hosts monthly meetings to facilitate cross-agency sharing. The OHV will support local home visiting programs to integrate into existing "systems" through technical assistance, for

example, facilitating introductions to community partners, educating the community about home visiting and the importance of collaboration to maximize service delivery to families. The OHV will initially work with the MIECHV funded communities to help them integrate more fully into existing councils or develop a local council.

The OHV will take a leadership role in working with community partners in effective collaboration. Subcontracts for Salt Lake and Weber counties will include a provision that the home visiting program must develop a point of contact with their local early childhood group and participate at least quarterly in these meeting. The OHV will monitor this activity through subcontract reporting. Technical assistance will be provided to home visiting programs if participation in the council or coalition is not occurring as contracted. A written plan, with timeline, will be provided for local agencies to monitor ongoing compliance.

In the case of Uintah County, the OHV will facilitate the development of a local early childhood council since there is no current council. With the assistance of the local home visiting program the OHV staff will make initial contact with local partners, establish a meeting schedule, set agendas and provide training on effective collaboration and the benefits that can come from it. Over time the goal would be to transition leadership to the local community. The OHV will convene an initial meeting in April 2012 and host quarterly meeting throughout the next year. Potential membership will include Head Start, local health department, local substance abuse and mental health agency, Child Care Resource and Referral, local child welfare agency, Children's Justice Center, a local health care provider and the school district.

The purpose of establishing an early childhood system of care is to improve coordination of services, align referral processes, and improve knowledge of and access to community resources; this establishes a local system that ensures inclusion of home visiting into the local early childhood system.

At the state level, the ECCS grant administrator is in the process of developing a state early childhood plan. OHV staff is a member of the ECCS committee and participates in the planning process. As this plan coalesces, the OHV promote the plan to local communities with home visiting programs in terms of how it applies to a local community, and how home visiting plays a key role in the early childhood system services. State and local partners will be necessary for integration to occur.

Nurse Family Partnership
As previously discussed in this document, NFP and the other home visiting programs in Salt Lake County have begun monthly partnership meetings to promote and enhance their coordination for identifying and referring families as well as for building partnerships with programs that serve as social supports for home visiting clients. The NFP NSO also requires local programs to have a community advisory board that represents the community and its stakeholders. NFP has coordinated with several programs in the community that have brought strength to the overall program and needed support to its clients. The NFP supervisor developed a Memorandum of Understanding (MOU) with the County Housing Authority

regarding the Housing Assistance and Recovery Program (HARP). The MOU states that the County Housing Authority will set aside six of its housing slots for families in the NFP program that are at risk of becoming homeless. The NFP supervisor has also done outreach to the high schools in the county that have programs for pregnant teens. While there is no MOU in place, an agreement was developed with one high school granting a pregnant student course credit towards graduation for participating in the NFP program. Additionally, Salt Lake County Substance Abuse Program provides for one of its substance abuse social workers to provide 1:1 case consultation to the nurses and occasionally will accompany a nurse on a home visit. The NFP program has done an excellent job of connecting with community resources for the benefit of the program and its families. The OHV has called upon NFP to speak at the OHV Advisory Committee meetings on the success of their collaboration activities.

The Salt Lake NFP program currently has formal agreements with a variety of other agencies; the nurses are familiar with the resources and eligibility requirements for programs existing in the community. While the program supervisor has established personal contacts with community agencies which help to better access resources, the nurses frequently initiate contact with service providers in behalf of their client families. If a family experiences a severe crisis, or has an unusually difficult set of challenges, the nurse shares the situation with the supervisor and other members of the NFP nursing team in their weekly team meeting so that the best possible solution to the family's need can be achieved. Given the extensive array of human service providers in Salt Lake County, it is not uncommon to have families linked with several of the following resources simultaneously. Some of the referral resources that are routinely used include:

- Salt Lake Valley Health Department car seat program,
- Utah Department of Health, Children with Special Health Needs,
- Family Support Center,
- Division of Child and Family Services,
- Early Intervention,
- Early Head Start,
- Salt Lake County Housing Authority,
- HEAT program,
- Food Banks,
- Utah Domestic Violence Council,
- Valley Mental Health,
- Salt Lake County substance abuse programs,
- Youth Employability Services, and
- Local school districts and alternative schools.

The nurses also work closely with the clients medical providers to assure optimum health.

Parents as Teachers

Parent educators work closely with their individual families and assist them in linking with the community agencies that provide the specific services needed. A tool used by the PAT program

that facilitates this client needs assessment is the community resource survey. The survey will assess the needs of the family and the level of assistance needed and available. When possible an MOU between Utah PAT and the community partner will be developed as follows:

Level I: Client resource referral partner
Level II: Program Consultant partner
Level III: Key Stakeholder partner

The OHV will compile a community resource list that will be used by the supervisor and/or parent educators for specific client needs. Agencies that have particular investment in home visiting policies and promotion will be invited to sit on the UPAT advisory committee. It is anticipated that agencies may be working on multiple levels with UPAT simultaneously.

The following agencies are organizations that Utah PAT Salt Lake County and Vernal programs will use as a resource.

Salt Lake County:
- Part C Early Intervention program
- Nurse Family Partnership
- Salt Lake School District
- Salt Lake County Housing Authority
- Salt Lake Community Action Program and Head Start
- The Road Home Homeless Shelter
- Hser Ner Moo Center for Immigrants
- Salt Lake Valley Health Clinic
- Area hospitals
- OB/GYN health care providers
- The Children's Center
- OptumHealth Mental Health
- Salt Lake County Division of Substance Abuse
- Cornerstone Counseling Center
- Youth Support Services
- YWCA Domestic Violence Shelter and services.

Uintah County
- Part C Early Intervention program
- Little Blossom Child Care
- Uintah School District-specialized preschool program
- Head Start
- Local pediatricians
- Ashley Valley Medical Center
- Uintah Basin Medical Center
- Tri-County Health Department (Medical Clinic & WIC)
- Substance Abuse Recovery Program
- Turning Point Domestic Violence Shelter
- The Children's Justice Center
- Division of Child and Family Services

Healthy Families America
The approach that the HFA program takes recognizes that most families would benefit from a well organized network of services that includes mental health, substance abuse, domestic violence prevention, and child care. In addition, each high risk family may benefit from other important services that may best meet the families' needs. Thus, the family service worker becomes a client advocate for each of their families. In Weber County there are various coalitions already in place, which focus their combined efforts on meeting the needs of parents.

Section Three of this document provides a detailed description of the "Healthy Moms" coalition created for the purpose of serving Healthy Families Utah as a community partner for referrals, and as an advisory board. The coalition also collaborates to better serve the community by providing a network base that directs families to the appropriate resources that will best meet their particular needs. The Healthy Mom's Coalition meets every month to coordinate existing community services and explore the development of new programs depending on the needs of the community.

The OHV will take a leadership role in fostering statewide collaboration by using the OHV Steering Committee meetings as a venue for on-going dialog about improving interagency cooperation. Since the committee is comprised of representatives of state agencies such as the Division of Substance Abuse and Mental Health, DCFS, and the DOH, the regular meetings provide an opportunity for group discussions and brainstorming between these key partners. Through this process, practical solutions can be proposed and consensus developed as the committee marshals its resources to try and improve collaboration on a number of fronts. Similarly, the OHV Steering Committee can also serve as a resource directly to each home visiting program. For example, as the local programs develop their own community advisory boards, the OHV Steering Committee may be able to offer training and technical assistance to support the growth and development of the local board, particularly as each one deals with issues related to improving local interagency networking and collaboration.

Section 5: Plan for Meeting Legislatively-Mandated Benchmarks

Please see separate attachment.

Section 6: Plan for Administration of State Home Visiting Program

List of Collaborative Partners

Governor Gary Herbert named the Utah Department of Health the lead agency designated to develop and implement the Maternal, Infant and early Child Home Visiting program. The OHV will administer the program. The OHV Steering Committee shared responsibility for the development of Utah's state home visiting plan. This committee will continue to support with OHV and Utah's home visiting program. Committee membership includes:

Nan Streeter, M.S., R.N. Deputy Director
Utah Department of Health, Division of Family Health and Preparedness
Maternal and Child Health Director

Teresa Whiting, Director
Bureau of Child Development
Utah Department of Health

Susan Ord, Program Manager
Baby Watch Early Intervention
Utah Department of Health

Harper Randall, MD, Medical Director
Children with Special Health Care Needs
Utah Department of Health

Rudy Anderson, Director
Head Start State Collaboration
Utah Department of Health

Heidi Valdez, Administrator
Community Based Child Abuse Prevention
Division of Child and Family Services
Utah Department of Human Services

Rodney Hopkins, Evaluator
Social Research Institute
University of Utah

Mark Innocenti, Ph.D., Director
Early Intervention Research Institute
Utah State University

Craig Povey
Division of Substance Abuse and Mental Health
Utah Department of Human Services
Single State Agency for Substance Abuse

Robyn Lipkowitz, Program Coordinator
Office of Home Visiting
Utah Department of Health

A full list of collaborative partners is provided in Section 4 of this document.

The OHV has been involved in state level infrastructure development since the award of the EBHV grant. Early on in this process, the OHV recognized the need to form several committees

to bring additional resources together to support the work. The Steering Committee was developed to assist with creating a project vision and mission statement, as well as to provide guidance and input to the first year implementation plan. In 2010, the Advisory Committee was formed to assist with the development of the HRSA required needs assessment plan, formal needs assessment, and the current updated plan. Members of these committees include representatives from the Utah DOH, Intermountain Healthcare, Utah State DCFS, a local non-profit child welfare organization to name a few.

Overall management plan at the State and Local levels

Implementation of Utah's MIECHVP will be carried out by the Utah DOH (UDOH), Division of Family Health and Preparedness (DFHP), BCD, Office of Home Visiting (OHV). UDOH has successfully administered the MCH Block Grant since its inception. The OHV has been administering the ACF/EBHV grant for the last three years and views the MIECHV funding opportunity as an avenue for continuing the work that Utah has been doing to develop a statewide home visiting program.

Day-to-day administration of Utah's home visiting program and the funded MIECHVP will be under the Program Coordinator of the OHV, who also has administrative responsibilities for Utah's EBHV program. The OHV will assume the role of funding agent for local home visiting programs as well as a program monitoring agency. The OHV will develop the criteria for sub-contracts in accordance and compliance with the MIECHVP federal guidance and state requirements. The renewal of contracts will be dependent on funding and program performance that indicates adherence to fidelity standards.

The home visiting program coordinator will work closely with the model developers (regional contacts) to ensure programs are implemented according to implementation plans proscribed by the respective model, maintain fidelity to the respective model, and comply with all requirements of the MIECHVP. Important to the success of the state home visiting plan is the OHV's location within the BCD along with Child Care Licensing, Head Start State Collaboration Office, the State ECCS grant coordinator and IDEA Part C Early Intervention Program.

At the local level, individual programs will manage the delivery of evidence-based home visiting services and will continue to be supported and monitored by the national model developers, the state office in the case of PAT, and the OHV, from which they will receive model-specific training and technical assistance for effective implementation, program delivery and continuous quality improvement. Data quality will be monitored by the OHV or the national program model. The challenges of collecting, transferring and aggregating data for meaningful analysis and reporting are being addressed by the OHV evaluation staff.

Plan for coordination of referrals, assessment, and intake across models

The OHV will allow local communities, through local early childhood councils or home visiting coalitions, to develop local triage mechanisms for home visiting and other early childhood services that best fit their communities. The OHV will facilitate this process with technical assistance and when available, funding. Throughout this document are descriptions of what targeted communities are doing to improve coordination of referrals and intake.

Evaluation Efforts

As an EBHV grantee, the OHV is participating in a federal cross-site home visiting evaluation as well a local evaluation. The OHV contracts with the University of Utah, Social Research Institute and Utah State University, Early Intervention Research Institute to design the evaluation plan.

Meeting Legislative Requirements

Staff Training and High Quality Supervision
Each of the evidence-based home visiting models being expanded in Utah, NFP, PAT, and HFA, has essential requirements or core elements related to the training, ongoing professional development and competence of staff and the quality of staff supervision. All programs under consideration for the MIECHVP funding in year one are well established and have been identified by the model developers as having the readiness and capacity to expand with fidelity. The home visiting program will be monitored by the model purveyor as well as the OHV and will be contracted to meet the training and supervision requirements as designed by the model developer. Details regarding model specific training and supervision are provided in the table and narrative in Section Four.

To support home visiting, staff and supervisors the OHV will provide ongoing professional development opportunities. The OHV Advisory Committee has a professional development work group whose focus is establishing cross agency development of a professional development system to support home visiting programs and other early childhood professionals. The OHV contracts with Utah PAT to provide community based training to all home visiting programs. The OHV, through the professional development work group, will explore ways to encourage the use of coaching as a strategy for improving staff practice.

The programs that will receive funding through the MIECHVP have a proven track record of demonstrating strong organizational capacity to implement program activities. They have established networks for referrals and resources and working to improve collaboration mechanisms.

The organizational capacity of the UDOH to implement and administer the home visiting program is demonstrated through its history serving at the state's Title V agency and its

management of Utah's MCH block grant. The OHV has worked on the development of a state home visiting infrastructure since its inception in 2008.

Monitoring of fidelity of program implementation to ensure services are delivered pursuant to a specified model
The OHV will monitor fidelity, in coordination with the national model offices, of the implementing program it is funding. The NFP National Service Office (NSO) systematically monitors program implementation and outcome data and conducts frequent consultation to identify strong performers and address performance weaknesses. The NSO requires a contract with each local implementing agency that specifies a commitment to implement the program with fidelity to the model. The OHV has a data sharing agreement with our local NFP program; this allows the program to send us identified data elements that relate to the EBHV home visiting evaluation.

All three HFA programs use Utah's home visiting database. The OHV will monitor the HFA programs through regular data reports that track adherence to fidelity measures and allow provision of technical support when needed.

The PAT Program and the Healthy Families program will be monitored a bit differently. UPAT and HFA each have their own unique data system. They will continue to use these systems and provide the OHV with monthly and/or quarterly data reports for fidelity and outcome monitoring. The long-term goal is to upgrade the state home visiting database to accommodate the HFA, PAT and EHS home visiting programs.

Locally, each implementing agency will be responsible for the daily management of the home visiting program. Contracts with the OHV will ensure their commitment to implement the program with fidelity to the specific program model being implemented. The OHV will offer technical assistance to support implementing agencies in maintaining fidelity to the model, and require corrective action plans if model fidelity is consistently violated.

Job descriptions for key positions (Resumes see Appendix 3)

Program Coordinator (1FTE)
The Program Coordinator is responsible for the overall function of the OHV and is the administrator for the Administration for Children and Families EBHV grant and the Maternal, Infant and Early Childhood Home Visiting grant. As such, the Program Coordinator will directly oversee the community programs and the requirements of the grant for the state OHV and the local programs. The program coordinator also manages staff, oversees two evaluation contractors, develops budgets and monitors expenses, develops subcontracts, submits federal reports, writes grants, coordinates negotiations for MOU development and funding sources, promotes evidence-based home visiting, and meets with state and community partners.

Program Assistant (1FTE)
The Program Assistant coordinates and manages the development of the state home visiting database and provides technical assistance to local implementing agencies related to the database; monitors content of the OHV website, acts as research assistant to the project evaluator; and provides assistance in developing and writing grants and contracts. **(To Be Hired)**

Administrative Assistant (.5FTE)
This is a new position and has not been filled to date. Responsibilities will include general administrative support, scheduling meetings, taking minutes, monitoring contract invoices among other duties. **(To be hired)**

An organizational chart
See Attachment: 1 and 2

Strategies for making modifications needed to bolster the State administrative structure in order to establish a home visiting program as a successful component of a comprehensive, integrated early childhood system

Collaborative relationships among state divisions and departments that provide services to young children and their families will be formalized into written MOUs that will act as templates for local MOUs detailing specific cross-agency strategies for comprehensive early childhood care and education.

How the State or communities will comply with any model-specific prerequisites for implementation is discussed in detail in Section 4.

Any collaboration established with other State early childhood initiatives is discussed in detail in Section 1, pages 7-8.

Section 7: Plan for Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of changes that may lead to improvements in performance. CQI has the potential to:

- Provide a means for community-based programs to benchmark their processes and outcomes;
- Inform the adaptation of evidence-based home visiting models to the unique community settings in which they are implemented, taking advantage of local insights;
- Develop and incorporate new knowledge and practices in a data-driven manner;
- Inform programs about training and technical assistance needs;
- Help monitor fidelity of program implementation;
- Strengthen referral networks to support families;

- Provide rapid information on a small scale about how change occurs;
- Identify key components of effective interventions; and
- Empower home visitors and program administrators to seek information about their own practices.

Utah is committed to developing an effective CQI process that will result in high quality home visiting programs that meet identified benchmarks. The steps toward developing a strong CQI process include: a) building a data infrastructure, b) identifying people responsible for maintaining the CQI process, c) leveraging resources to support CQI activities, and d) developing a data system that supports and helps maintain the CQI process. All of these activities have already begun in Utah as part of our participation in the EBHV research process. This section will describe activities currently occurring and those planned as we move forward with the MIECHVP. In brief, the OHV intends to support CQI for each funded program by facilitating the creation of a state CQI team, developing a data "dashboard", collecting quarterly reports using an already developed (collaboratively with home visiting programs) management information system (MIS), and providing technical assistance as per CQI team recommendations and program requests.

Infrastructure Development

Infrastructure activities have already begun in Utah as part of our participation in the EBHV grant. Infrastructure activities related to home visiting fidelity both at the model level and for state monitoring purposes have been established. MIS infrastructure activities for collecting outcome data are well underway. This section will describe the state of infrastructure development.

Model fidelity
Each home visiting program is responsible for their affiliation, accreditation and/or certification with respective national models. As part of the application for funding, grantee programs provide evidence of fidelity with the national model by providing copies of official letters from model developers regarding program compliance status. Accreditation/certification with (and affiliation to) a national evidence-based model is a basic element of assuring the delivery of quality services. In the event that a home visiting program is out of compliance with their affiliation or accreditation, the programs are responsible for alerting the OHV. Depending on the severity of the situation, the OHV will provide assistance to programs as needed. If a program cannot maintain national model fidelity then state funding will be terminated.

Model-specific internal CQI elements
Evidence based programs have internal CQI elements specific to their models. Internal CQI elements include annual reports, affiliation and certification requirements, and self-assessment tools. Programs are responsible for obtaining and maintaining affiliation, performing self-assessments and reporting to their model developers. The program internal CQI efforts are described below. Each of these model CQI activities will occur in tandem with Utah CQI efforts.

Model CQI activities focus on ensuring model fidelity, while the Utah CQI activities focus on meeting MIECHV requirements.

NFP focuses its CQI efforts on improvements in program implementation and achieving maternal and child health and development outcomes. NFP uses its Clinical Information System (CIS) to monitor key implementation components and outcomes, which are compared to benchmarks achieved in its research trials. Data gathered through the NFP CIS are analyzed routinely to serve as a foundation for stimulating quality improvement within sites.

A key focus of CQI has been on assurance that NFP sites implement the program in accordance with 18 core model elements which increase the likelihood that the program will be delivered with fidelity to the model. Reports made available to sites by the national office enumerate the degree to which they meet, exceed or fall short of implementation benchmarks and maternal and child health outcomes.

HFA monitors CQI through its accreditation process. The accreditation process ensures the quality of each HFA affiliate through adherence to best practice standards. HFA is a comprehensive model that utilizes all program components for continuous quality improvement. Accreditation is necessary to maintain both affiliation with the HFA model and the right to use the HFA name.

Each HFA program develops its own Self Study which provides the program with an opportunity for internal review of its service delivery and administration against professionally accepted and research-based national standards. The self-study is the program's opportunity to demonstrate implementation of the standards and serves as both a process and a document. The 2-4 day site visit becomes the program's opportunity to learn if an objective peer review can validate its self-analysis. The analysis is based on 160 standards outlined in the HFA Self Assessment Tool.

PAT (PAT) offers a technical assistance plan for continuous quality improvement. Process evaluation examines what goes on inside a program while it is in progress, focusing on activities offered, staff practices, and actions of children and families. Affiliates report annual data on service delivery, program implementation and compliance with model replication requirements. Additional best practices support affiliates as they engage in continuous quality improvement by providing quality indicators that connect to even higher levels of excellence in serving families

Utah MIS infrastructure development
Utah has developed a MIS system for home visiting programs as part of our EBHV grant. The MIS system was developed collaboratively by the OHV and funded home visiting programs. The MIS system provides a program-friendly approach to providing information on implementation fidelity (e.g., families enrolled, number of home visits, length of home visits, etc.) as well as information on outcomes linked to benchmark areas (e.g., ASQ scores, AUDIT scores, etc.). This MIS system has been developed and implemented over the past 18 months. Creating crosswalks between model specific data reporting requirements and state benchmarks is an

ongoing process. However, all currently funded HFA programs are using the MIS system to input information. The OHV is working with NFP and PAT to link program model MIS systems with the Utah MIS system. Technical assistance from the OHV has been provided and will continue as needed with already funded programs and with programs to be funded. Quarterly reporting systems useful to programs and to the OHV are being developed. This is a strong aspect of the Utah infrastructure that will be supported by the OHV and will be incorporated into CQI plans.

Quarterly MIS reports
An advantage of having a Utah MIS system is that equivalent data will be available for all home visiting programs in the state. Quarterly reports will be required by the OHV visiting. The OHV is working toward a data based solution where the MIS will allow programs to request a report function that would produce needed data. It is anticipated that this function will not be available until 2012. Until then, OHV evaluation staff will work with programs on reporting requirements that will be submitted. All funded programs will be required to submit this report and contents will be monitored by the OHV. OHV staff will combine all data elements from each program report into a master quarterly report. Individual program and combined quarterly reports will be available for Advisory Board review.

Requiring quarterly reports from MIECHVP grantees serves many purposes. The OHV can monitor fidelity through examination of quarterly reports. Quarterly reports will give the OHV an overall snapshot or status report of its grantees (enrollment numbers, affiliation status). A quarterly report also provides a way to assure that programs are capturing data for benchmarks throughout the year, hopefully easing the end of year federal reporting requirements. The quarterly reports are a direct way for the OHV to be sure grantees are completing required activities.

Identifying People Responsible for CQI

Including program constituents is important to a sustainable CQI process. Currently, all programs have constituents who participate on the OHV Advisory Committee. This will be continued as new programs are entered. The CQI team will be formed under the auspices of and report to the OHV Advisory Board. This arrangement locates the CQI team in a context beyond that of just the OHV and into a context of key community stakeholders who can leverage resources and support a culture of quality in programs.

The CQI team will consist of 4 or 5 members. Two members would come from two different constituent programs. Programs would identify potential team members. One member would come from other community stakeholder groups represented on the Advisory Committee. One or two members would come from the OHV; this would be someone in the evaluator position as they are best able to access and interpret data. The three non-OHV team members would rotate membership with others on the Advisory Committee. Leadership of the CQI team will be determined by the team. The OHV will provide logistical support to the CQI team. When needed, the OHV would work to find content experts to assist programs.

The CQI process will be strengths based and not punitive. Parallel process will be used to improve programs. Parallel process is guided by the statement "do unto others as you would have others do unto others" (Pawl & St. John, 1998). The underlying approach for CQI needs to mirror the process used by program supervisors with their staff (Heller & Gilkerson, 2009) if the goal is to develop a culture of quality. However, the CQI process will be informed by data that can be used in strengths based format. The responsibilities of the CQI team will include:

- Monitor program fidelity
- Review quarterly data
- Review model fidelity data
- Review dashboard measures
- Review/analyze data
- Share information with Advisory Committee

The CQI team will work with the Advisory Committee to develop a process for working with programs. An example process may include the following steps:

1. Identify a need that will improve quality based on available data.
2. Break down issue into component parts; use data if available.
3. Analyze the problem - identify functional data that can be collected at the program level.
4. Develop a Quality Improvement Plan (QIP) – define specific actions to be taken; identify who, what, when and where; identify how you will know if issue is resolved.
5. Examine the results - identify if the target has been met and display results in graphic format before and after the change.
6. Start over - go back to the first step and use the same process for the next quality goal.

The CQI team will meet with each program three times per year. The CQI team will work with the program staff to develop a Quality Improvement Plan (QIP). The QIP will be monitored on a regular basis and adjusted to meet the needs of the program. Regular monitoring of and progress toward established goals is important to establishing a culture of quality based on data. The QIP will be informed by the above information and by other sources of data that need to be available for the QIP.

A summary of this process will be presented in a meaningful way to the Advisory Committee. The CQI team and the program QIP process will be an ongoing agenda item for the Advisory Committee.

Leverage Other Resources

The CQI team will meet regularly with the Advisory Committee which will allow the Committee to provide advice but also allow the sharing of resources. The OHV has already begun a process

to augment training activities for programs in Utah providing home visiting. Other programs (e.g., Part C, Head Start) have used OHV resources and this has been encouraged. Other state and local programs conduct training events, and home visiting programs might benefit from participating in these. This process of leveraging multiple resources available will help improve quality for many programs. Advisory Committee member expertise will also be available to provide information on potential resources that can be used by programs.

Develop an MIS System that Supports and Maintains CQI

Given the described infrastructure activities the Advisory Board and the CQI team will have access to model specific CQI information and to OHV quarterly report information. This provides good information but it is important to make the information usable for program staff. Activities have begun to develop a "dashboard" of indicators for programs and initial efforts have been presented to the Advisory Board. This dashboard will include indicators related to implementation fidelity (e.g., percent of scheduled visits completed, percent of slots filled) and to benchmark indicators (e.g., percent of children receiving well child visits, percent of children immunized). Dashboard indicators will also include process outcomes that are related to benchmark outcomes. Regular collection of simply answered questions collected from both families and home visitors can provide information that demonstrates if intended goals are being achieved. Some example questions for parents that could inform the dashboard are presented below. These can be collected via mailed postcards, email, or text messages.

Example qualitative based questions for dashboard

How obtained: From parent after a home visit, all yes/no responses

Expectations
I understand the goals developed with my home visitor.
When my home visitor leaves, I know what I should do until the next visit.
Skill building
My program has helped me find other services in the community.
My program has helped me improve my social network (the circle of people with whom I'm comfortable talking about problems and seeking advice).
My program has helped improve my relationship with my child.
My program has helped me learn about my child's development and what children can and cannot do at different ages (developmentally appropriate skills).
Recognition
My home visitor focuses on my strengths as a parent.
Relationships
I am comfortable discussing my personal issues with my home visitor.

These are only examples of possible dashboard indicators for programs. The Advisory Board and program staff need to participate in all discussions related to dashboard indicators. The goal is to have understandable and usable data. Dashboard indicators may be introduced over

time which would allow the opportunity to determine if the information is useful to programs and the Advisory Board. It is clear that for the CQI process to be sustainable over time it must be meaningful to all involved.

CQI Summary

Utah is committed to developing a meaningful and sustainable CQI process based on data that leads to achieving benchmarks. A strong data collection infrastructure has been established and will be continued. Strong progress toward implementing and monitoring evidence-based home visiting programs in Utah has occurred; these activities will continue and improve under the MIECHVP.

Section 8: Technical Assistance Needs

The OHV would like to receive technical assistance with:

- Developing a statewide early childhood system that incorporates home visiting;
- Developing a Continuous Quality Improvement Plan;
- Communication and marketing of home visiting;
- Advocacy and funding efforts; and
- Developing a training system.

Section 9: Reporting Requirements

The OHV assures that Utah will comply with the legislative requirement for submission of an annual report to the Secretary regarding the program and activities carried out under the program. The State assures that its report will address and provide a discussion of updates or revisions and obstacles and challenges in the following areas:

- State Home Visiting Program Goals and Objectives
- State Home Visiting Promising Program Update (if applicable)
- Implementation of Home Visiting Program in Targeted At-risk Communities
- Progress Toward Meeting Legislatively Mandated Benchmarks
- Home Visiting Program's CQI Efforts
- Administration of State Home Visiting Program
- Technical Assistance Needs

Attachments

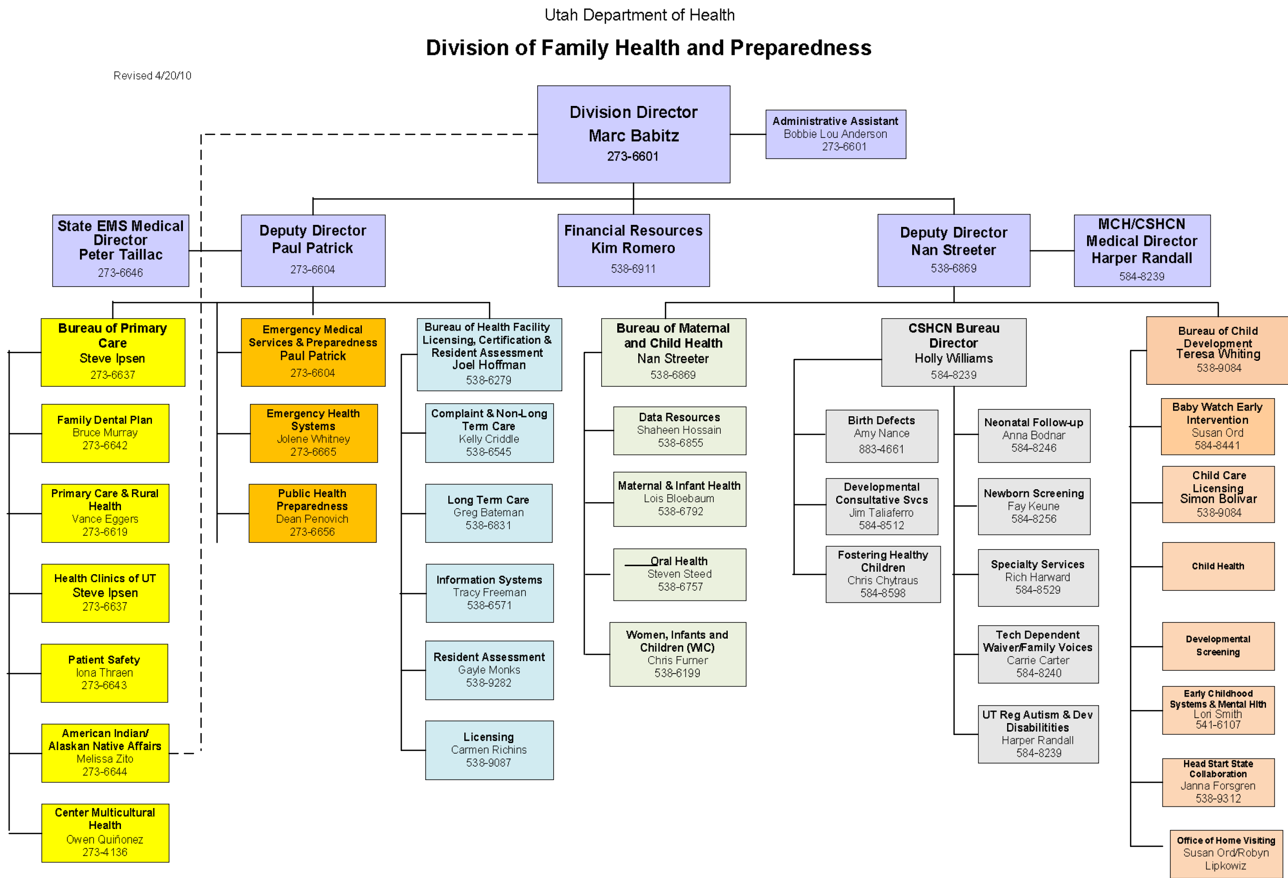
Organizational Charts

Utah's Memoranda of Concurrence

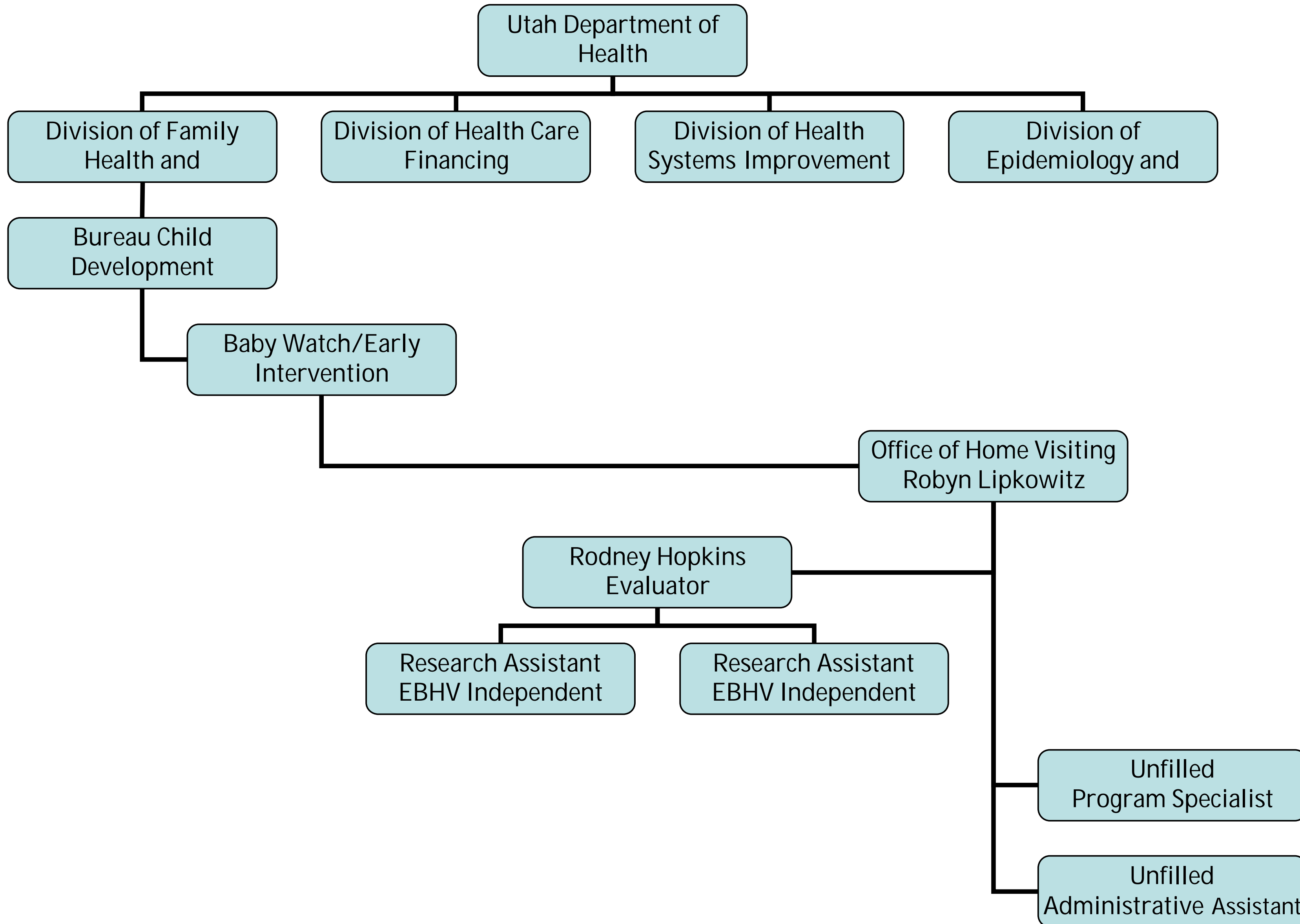
Budget and Budget Justification

Evidence-based Home Visiting Programs Budgets (DRAFTS)

Attachment 1: Organizational Chart



Attachment 2: Office of Home Visiting Organizational Chart



Attachment 3: Resume

Robyn Lipkowitz, CSW

1426 S. Blair St.• Salt Lake City, UT 84115
801.916.0781 • robyn_lipkowitz@yahoo.com

SUMMARY OF QUALIFICATIONS

- Licensed social worker
- State legislative experience
- Excellent communication skills, including public speaking, written, and interpersonal communication
- Knowledgeable about community resources
- Strong organizational, problem solving, and analytical skills

Professional Experience

Utah Department of Health, Salt Lake City, UT
Office of Home Visiting-Program Coordinator, 11/08-current

- Manage and administer two federal home visiting grants
- Develop and oversee the Office of Home Visiting budget
- Plan and implement a statewide strategy to build support for evidence-based home visiting
- Active member of the Utah Child Abuse and Neglect Council and the Child Abuse Action Council
- Provide training and technical assistance to community home visiting programs
- Develop and manage funding subcontracts between the Office of Home Visiting and community agencies.

Voices for Utah Children, Salt Lake City, UT
Early Care and Education Policy Analyst, 8/06-10/08

- Conducted research on early care and education policy.
- Wrote fact sheets and policy briefs.
- Developed agency's legislative strategy on early care and education.
- Analyzed Utah's early childhood policy to develop a statewide plan for systems development.
- Participated in the Governor's Commission on Early Childhood.
- Advocated at the Utah State Legislature on behalf of legislation and funding for early care and education policy.
- Influenced congressional policymakers about early care and education legislation.
- Wrote grants that support advocacy efforts for early care and education.

Utah Issues, Salt Lake City, UT
Welfare and Work Supports Policy Analyst, 4/04-4/06

- Developed and implemented agency's legislative agenda on welfare and work supports.
- Researched and wrote fact sheets and position papers on low-income policy.
- Advocated at Utah Legislature on budgets and policies impacting low-income Utahns.
- Developed and presented 10-Minute Advocate training for community groups & classes.

- Developed and implemented *Project Voice*, voter education outreach program, during 2004 election season.
- Developed agenda and facilitated monthly meetings between community advocates and the Department of Workforces Services.
- Coordinated agency-wide event, *Citizens' Day at the Legislature*, attended by 300-500 people.

Austin Independent School District-Govalle Elementary School, Austin, TX
Parent Support Specialist, 4/01-5/03

- Designed and implemented a Parent Involvement Program.
- Developed a Title I advisory committee to implement the School-wide Title I Plan.
- Supervised parent volunteers, community affiliates and student interns.
- Planned, organized and presented parent skills training sessions.
- Coordinated various trainings such as family literacy, nutrition, parental support, and computer skills training.
- Connected families to community resources.

PATH (People Acting To Help), Philadelphia, PA
Mental Health Day Therapist, 7/97-8/99

- Facilitated daily psychotherapy and psycho-educational groups; provided individual therapy.
- Collaborated closely with interdisciplinary team members on development of appropriate case plans meeting individual client needs.
- Connected clients to community resources.
- Developed client treatment and discharge plans.
- Documented client services in compliance with agency policy and federal contract requirements.

Education

- **MSSW**-Master of Science in Social Work-University of Texas-Austin, TX
- **BS-**Human Services-Northeastern University-Boston, MA

Community Leadership/Other Experience

- Nurse Family Partnership Advisory Board, 2008-current
- Legislative Chair, National Council of Jewish Women, 2006-2008
- Public Policy Chair, Utah Association for the Education of Young Children, 2007-2008
- Policy Committee Member, Utah After School Network, 2008-2009
- Delegate, Utah Democratic Party, 2006-present

Language Skills

- Spanish- advanced speaking skills & intermediate writing skills

Attachment 4: Memoranda of Concurrence

Department of Human Services
Division of Child and Family Services
Director of the State's Agency for Title II of the Child Abuse Prevention and Treatment Act and State's child welfare agency (Title IV-E and IV-B)

Department of Human Services
Division of Substance Abuse and Mental Health
State's Single State Agency for Substance Abuse Services

Department of Workforce Services
Office of Child Care
Administrator of the State's Child Care and Development Fund

Department of Health
Division of Family Health and Preparedness
Director of the State's Title V agency

Office of the Governor
Deputy of Education
State Advisory Council on Early Childhood Education and Care

Department of Health
Bureau of Child Development
Director of the Head Start State Collaboration Office

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

Division of Child and Family Services

BRENT PLATT
Director

May 19, 2011

Robyn Lipkowitz, Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT 84113

RE: Memorandum of Concurrence

Dear Robyn,

I am happy to offer a letter of support to the Office of Home Visiting (OHV) for the submission of its Updated State Plan for a State Home Visiting Program to the Health Resources and Services Administration as part of the requirement under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

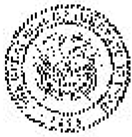
Through this letter I assure that the development of the Plan was developed with input from the Division of Child and Family Service (DCFS) and the State Director for the agency for Title II of CAPTA. We are a committed collaborative partner and are in agreement with the plan for implementation. DCFS partners with the OHV to ensure that home visiting, as well as other child abuse prevention programs, are part of a continuum of early childhood services within the State.

The Department of Human Services, Division of Child and Family Services, Utah's Title II program, already collaborates with the *Office of Home Visiting through Supporting Evidence-based Home Visiting to Prevent Child Maltreatment*. I look forward to our continued relationship as Utah moves forward to implement home visiting programs to support the needs of Utah families statewide.

Sincerely,

Staci Ghneim
Deputy Director
Division of Child and Family Services

195 N. 1950 W., Salt Lake City, UT 84116
Telephone 801-538-4100 Facsimile 801-538-3993 www.hsdcfs.utah.gov



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

LANA STOHL
Director

Robyn Lipkowitz, Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT 84113

RE: Memorandum of Concurrence

Dear Robyn,

As Utah's Single State Agency for Substance Abuse Services, the Division of Substance Abuse and Mental Health (DSAMH) is happy to offer a letter of support for the Office of Home Visiting's submission of a its Updated State Plan for a State Home Visiting Program to the Health Resources and Services Administration as part of the requirement under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

The DSAMH collaborated with the Office of Home Visiting by providing data to assist in the development of the Office of Home Visiting's needs assessment and collaborated with the OHV and its partners to develop the State Plan.

The DSAMH recognizes the importance of primary prevention efforts to promote positive outcomes for children and their families. We look forward to working closely with you to plan and implement effective programs that address the needs of Utah citizens statewide.

Sincerely,

Craig L. PoVey M.S.W.
Program Administrator

DSAMH, 195 North 1950 West, Salt Lake City, Utah 84116
telephone (801) 538-3939 • facsimile (801) 538-9892 • www.dsamh.utah.gov

UTAH

Department of Workforce Services

KRISTEN COX
Executive Director

GREGORY B. GARDNER
Deputy Director

JON S. PIERPONT
Deputy Director

May 17, 2011

Robyn Lipkowitz, Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT84113

RE: Memorandum of Concurrence

Dear Robyn,

Please accept this letter of support for the submission of the Office of Home Visiting's Updated State Home Visiting Plan. As the State's Child Care Development Fund Administrator and Director of the Office of Child Care, I'm happy to support this plan.

I look forward to possible collaborative opportunities between Utah's home visiting and child care subsidy programs and our continued relationship as Utah moves forward to plan and implement home visiting program to support the needs of Utah families statewide.

Sincerely,

Lynette Rasmussen

Lynette Rasmussen
Director, Office of Child Care
CCDF State Administrator

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health

W. David Patton, PhD
Executive Director

Division of Family Health and Preparedness

Marc E. Babitz, MD
Division Director

Children with Special Health Care Needs Bureau

Holly Williams, MSN
Bureau Director

June 7, 2011

Robyn Lipkowitz,
Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT 84113

RE: Memorandum of Concurrence

Dear Robyn,

As the Deputy Director. Division of Family Health and Preparedness and the State Title V Director, I am pleased to support the Office of Home Visiting's submission of its Updated State Home Visiting Plan to the Health Resources and Services Administration as part of the requirement of the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

Through this letter I assure that I am committed to collaboration with the Office of Home Visiting and that I am in agreement with the goals for implementation of the program.

The Utah Department of Health with its Office of Home Visiting, Head Start State Collaboration Office, Early Childhood Systems grant and Maternal and Infant Health Program, along with other stakeholders at the state and community level, will collaborate to implement effecting home visiting programs. We look forward to improving our capacity to support such programs.

Sincerely,

Nan Streeter, M.S. R.N.
Deputy Director, Division of Family Health and Preparedness
Director, Maternal and Child Health Bureau
State Title V Director

CHILDREN WITH SPECIAL HEALTH CARE NEEDS BUREAU
Street Address: 44 North Mario Capecchi Drive • Salt Lake City, UT 84113
Mailing Address: P.O. Box 144610 • Salt Lake City, UT 84114-4610
Telephone (801) 584-8239 • Facsimile (801) 584-8488 • www.health.utah.gov

STATE OF UTAH

GARY R. HERBERT
GOVERNOR

OFFICE OF THE GOVERNOR
SALT LAKE CITY, UTAH
84114-2220

GREG BELL
LIEUTENANT GOVERNOR

May 18, 2011

Robyn Lipkowitz, Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT 84113

RE: Memorandum of Concurrence

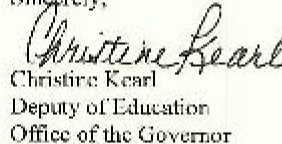
Dear Robyn,

I am happy to offer a letter of support to the Office of Home Visiting (OHV) for the submission of its Updated State Plan for a State Home Visiting Program to the Health Resources and Services Administration as part of the requirement under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

Through this letter I assure that the State Home Visiting Plan was developed to align with the work of the State Advisory Council on Early Childhood Education and Care authorized by 642B(b)(1)(A)(i) of the Head Start Act. I am a committed collaborative partner and in agreement with the plan for implementation. The State Advisory Council will partner with the OHV to ensure that home visiting are part of a continuum of early childhood services within the State.

As the Governor's Education Deputy and the lead representative of the State Advisory Council, I already collaborate with the Office of Home Visiting through *Supporting Evidence-based Home Visiting to Prevent Child Maltreatment* grant. I look forward to our continued relationship as Utah moves forward to implement home visiting programs to support the needs of Utah families statewide.

Sincerely,



Christine Kearl
Deputy of Education
Office of the Governor

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health

David N. Sundwall, MD
Executive Director

Division of Family Health and Preparedness

Marc E. Babitz, MD
Division Director

Bureau of Child Development

Teresa Whiting
Bureau Director

April 27, 2011

Robyn Lipkowitz, Program Coordinator
Utah Department of Health
44 Mario Capecchi Drive
Salt Lake City, UT 84113

RE: Memorandum of Concurrence

Dear Robyn,

I am happy to offer a letter of support for the Office of Home Visiting's submission of its Updated State Home Visiting Plan to the Health Resources and Services Administration as part of the requirement under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program.

Through this letter I assure that the Head Start State Collaboration Office is committed to ongoing collaboration with the Office of Home Visiting and is fully supportive of the Plan developed. The HSSCO and the OHV reside in the same Bureau of Child Development and have a close working relationship to ensure that our individual program goals support a continuum of early childhood services within the State.

The Maternal and Child Health program already collaborates with the Office of Home Visiting through the *Supporting Evidence-based Home Visiting to Prevent Child Maltreatment*. I look forward to our continued relationship as Utah moves forward to plan and implement home visiting program to support the needs of Utah families statewide.

Sincerely,

Rudy Anderson
Director, Head Start State Collaboration Office

44 North Mario Capecchi Drive, Salt Lake City, Utah
Mailing Address: P.O. Box 142003, Salt Lake City, UT 84114-2003
Telephone (801) 584-8492 • Facsimile (801) 584-8467 • www.health.utah.gov

Attachment 4: Budget Justification and Financial Status Report 424-Form

State of Utah

Utah Department of Health

Division of Family Health and Preparedness

Children with Special Health Care Needs Bureau

June 1, 2011

Mickey Reynolds
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11A-02
5600 Fishers Lane
Rockville, MD 20857

Re: Budget Revision Request

Dear Ms. Reynolds:

Enclosed please find our revised FY 2010 budget for the amount of $1,564,303.00 for the Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHVP). This budget is for year one of the five year grant project, [award # 6 X02MC19417-01-01) for the period of 7/15/10 to 9/30/12. If you have questions, please contact Robyn Lipkowitz, Office of Home Visiting Project Coordinator at 801-883-4673.

Thank you for the opportunity provided through the MIECHVP grant.

Sincerely,

Shari A. Watkins, CPA
Director, Office of Fiscal Operations
Utah Department of Health

Robyn Lipkowitz
Project Coordinator
Office of Home Visiting

Enclosure

BABY WATCH EARLY INTERVENTION PROGRAM

Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program
Grant No. X02MC19417: July 15, 2010 - September 30, 2012

Justification

A. UDOH Salaries and Wages		$128,175
Program Coordinator - Robyn Lipkowitz 1.0 FTE The Project Coordinator will administer and manage the overall project on a day-to-day basis, oversee the promotion of evidenced based home visiting among the partners, and coordinate the efforts to identify additional funding sources for home visiting.	$54,642	
Program Specialist - To be hired - 1.0 FTE The Program Specialist will support the implementation of the state home visiting program, manage the home visiting database and website	$43,973	
Administrative Assistant - To be hired - .5 FTE The Administrative Assistant will support the overall function of the Office of Home Visiting by scheduling and attending meetings, taking	$15,138	
Support Services Coordinator - John Houskeeper - .25 FTE The Support Services Coordinator will provide financial support to the	$14,422	
B. UDOH Fringe Benefits		$78,128
Program Coordinator - Robyn Lipkowitz 1.0 FTE	**$22,867**	
Health/Dental	$5,252	
Life/Disability Ins	$365	
Retirement	$8,918	
401K	$820	
Social Security	$3,388	
Medicare	$792	
Workmans Com/Unemployment	$492	
Termination Additive	$2,841	
Program Specialist - To be hired	**$28,162**	
Health/Dental	$13,979	
Life/Disability Ins	$301	
Retirement	$7,176	
401K	$660	
Social Security	$2,726	
Medicare	$638	
Workmans Comp/Unemployment	$396	
Termination Additive	$2,287	
Administrative Assistant - To be hired	**$18,918**	
Health/Dental	$14,016	
Life/Disability Ins	$127	
Retirement	$2,471	
401K	$222	
Social Security	$939	
Medicare	$220	
Workmans Com/Unemployment	$136	
Termination Additive	$787	

Support Services Coordinator - John Houskeeper	**$8,181**		
Health/Dental	$3,504		
Life/Disability Ins	$123		
Retirement	$2,354		
401K	$216		
Social Security	$894		
Medicare	$209		
Workmans Com/Unemployment	$130		
Termination Additive	$750		
C. TOTAL PERSONNEL COSTS			**$206,302.72**
D. EQUIPMENT:			
One Laptop computer with docking station for Administrative Assistant			**$4,000.00**
E. SUPPLIES:			
General office supplies, i.e, paper, pens, pencils, etc.			**$2,000.00**
F. TRAVEL:			**$5,700.00**
Out of state travel for two key staff persons to attend grantee meetings, conference and professional development opportunities			
Airfare = $800 per person x 2 people	$1,600.00		
Lodging = $200 per person x 4 nights x 2 people	$1,600.00		
Meals = $50 per day x 4 days x 2 people	$400.00		
Ground transportation = $50 per person x 2 people	$100.00		
Total Out of state travel costs	$3,700.00	$3,700	
Travel In-State: Project staff will travel to local home visiting sites around the state to provide consultation and technical assistance.		$2,000	
G. OTHER			**$689,118.00**
Evidenced Based Home Visiting Project (detailed budget provided)		$673,000	
Educational supplies - pamphlets for the OHV, educational videos, educational books		$2,000	
Insurance @ $250/person x 3 people		$750	
Wide Area Network $54/month/per person/per year x 3 people		$1,944	
Software Maintenance $30/month/person/year x 3 people		$1,800	
Telephone charges - 4 office phones @ 30 x 12		$1,440	
Cell Phones - 3 cell phones x $20/month x 12 months		$720	
Office Space for 3 employee/year @ $2,088/employee		$6,264	
Printing / Copies		$500	
Postage		$700	

H. CONTRACTUAL:		$657,182.28
University of Utah Evaluation Coordinator will lead the evaluation activities for the project including the contracting with USU for specialized parts of the evaluation. Project management activities.	$43,018	
Salt Lake Valley Health Department-Funds support and expansion of program services of the Nurse Family Partnership program. The program will hire 3 additional home visitors serving approx. 75 families	$227,500	
Prevent Child Abuse Utah-Funds will support the expansion of the Healthy Families America program to serve more clients. The program will hire an additional 2 home visitors serving approx. 40 families	$148,000	
Childrens Service Society, Utah Parents as Teachers- Funds will be used to expand PAT home visiting services in Salt Lake and Uintah counties.	$163,664	
RFP-Community planning grants uisng the Zero to Three Community Planning Home Visiting Tool to determine appropriateness implementing a program.	$50,000	
Multimedia Data Corp. is contracted to update the state home visiting database so it has the ability to collect the needed data elements for reporting on the required benchmarks.	$25,000	
I. TOTAL DIRECT COSTS:		$1,564,303.00
J. INDIRECT CHARGES:		$24,962.63
As of July 1, 2010 the indirect costs for the Utah Department of Health are at 12.1% of the UDOH personnel salary & benefits		
		$1,564,303.00

OMB Approval No. 0348-0044

BUDGET INFORMATION — Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program		$	$	$1,564,303.00	$	$ 1,564,303.00
2.						
3.						
4.						
5. TOTALS		$	$	$	$	$ 1,564,303.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	$ 128,175.00	$	$	$	$ 128,175.00
b. Fringe Benefits	$ 78,128.00				$ 78,128.00
c. Travel	$ 5,700.00				$ 5,700.00
d. Equipment	$ 4,000.00				$ 4,000.00
e. Supplies	$ 2,000.00				$ 2,000.00
f. Contractual	$ 632,219.00				$ 632,219.00
g. Construction					$ -
h. Other	$ 689,118.00				$ 689,118.00
i. Total direct Charges *(sum of 6a - 6h)*	$ 1,539,340.00				$ 1,539,340.00
j. Indirect Charges (12.1% salary & benefits)	$ 24,963.00				$ 24,963.00
k. TOTALS *(sum of 6i and 6j)*	$ 1,564,303.00	$	$	$	$ 1,564,303.00
7. Program Income	$	$	$	$	$

Standard Form 424A (7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	$	$	$	$
9.				
10.				
11.				
12. TOTALS (sum of lines 8 and 11)	$	$	$	$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 1,564,303.00	$ 391,075.75	$ 391,075.75	$ 391,075.75	$ 391,075.75
14. NonFederal					
15. TOTAL (sum of lines 13 and 14)	$ 1,564,303.00	$ 391,075.75	$ 391,075.75	$ 391,075.75	$ 391,075.75

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	$ 1,564,303.00		$	$
17.				
18.				
19.				
20. TOTALS (sum of lines 16 - 19)	$ 1,564,303.00	$ -	$	$

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets if Necessary)

21. Direct Charges:	22. Indirect Charges: $24,963.00

23. Remarks

SF 424A (Rev. 7-97) Page 2
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED: 6-1-11
Applicant Identifier

1. TYPE OF SUBMISSION:
Application: Construction; ☒ Non-Construction
Preapplication: Construction; Non-Construction

3. DATE RECEIVED BY STATE
State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY
Federal Identifier

5. APPLICANT INFORMATION — DUNS #: 09-934-7972

Legal Name: UTAH DEPARTMENT OF HEALTH

Organizational Unit: Division of Community and Family Health Services

Address (give city, county, state, and zip code):
44 Mario Capecchi Drive
PO Box 144720
Salt Lake City, UT 84114-4720

Name and telephone number of the person to be contacted on matters involving this application (give area code):
Robyn Lipkowitz (801)-538-6873

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 87-6000545

7. TYPE OF APPLICANT: (enter appropriate letter in box) A
A. State; H. Independent School Dist.; B. County; I. State Controlled Institution of Higher Learning; C. Municipal; J. Private University; D. Township; K. Indian Tribe; E. Interstate; L. Individual; F. Intermunicipal; M. Profit Organization; G. Special District; N. Other (Specify)

8. TYPE OF APPLICATION: ☐ New ■ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):
A. Increase Award; B. Decrease Award; C. Increase Duration; D. Decrease Duration; Other (specify)

9. NAME OF FEDERAL AGENCY:
Health Resources and Services Administration (Maternal and Child Health Bureau)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-505

TITLE: Affordable Care Act Maternal, Infant and Early Childhood Visit

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Utah Home Visiting Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Statewide

13. PROPOSED PROJECT:
Start Date: 7/15/2010
Ending Date: 9/30/2012

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant: Statewide
b. Project: Statewide

15. ESTIMATED FUNDING:

a. Federal	$ 1,564,303.00
b. Applicant	$
c. State	$
d. Local	$
e. Other	$
f. Program Income	$
g. TOTAL	$ 1,564,303.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ■ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative: Shari A. Watkins CPA
b. Title: Director, Fiscal Operations
c. Telephone number: (801) 538-6601
d. Signature of Authorized Representative: Shari A. Watkins
e. Date Signed: 6/1/11

Previous Edition Not Usable

Standard Form 424 (Rev 7-97)
Prescribed by OMB Circular A-102

Attachment 5: Evidence-Based Home Visiting Program Budgets

Nurse Family Partnership Program-Salt Lake County

Nurse Family Partnership Program Budget (DRAFT)	
Personnel Costs	
Nurse Supervisor (1/5 of salary)	$12,662
Nurse Home Visitor (two FTEs)	$113,400
Data Entry/Support Person	$ 7,938
Sub-Total (Personnel)	$134,000
Fringe Benefits	$38,860
Total Personnel Costs	$ 172,860
Administrative Costs	
Office Supplies	$ 742
Client Support Materials	$100
Copies of forms/facilitators (B/W)	$1,200
Postage	$ 300
Computers w/ Software	$2,060
Overhead	$6,626
Cellular Usage Fees	$ 768
Medical & Program Supplies	$ 428
Professional Development	$ 100
Mileage	$3,550
Sub-Total (Administrative)	$15,874
NFP Services	
Nurse Core Education Tuition	$7,900
Nurse Education Materials	$1,948
Technical Assistance (1/5 of the total amount)	$3,526
Total	$13,374
Nurse-Family Partnership Travel Costs (Airfare/Hotel/Meals)	
Travel: Agency to Education Unit 2	$2,600
Total Costs of Travel	$2,600
TOTAL ANNUAL BUDGET	$204,708

Healthy Families America-Weber County

Healthy Families America Home Visiting Program Budget (DRAFT)	
Personnel	
Home Visitor 1	$33,764.00
Home Visitor 2	$34,023.00
HFA Supervisor	$7,436.60
10% Support Staff	$4,028.00
Fringe Benefits	$20,605.20
Total	$99,856.80
Office Supplies / equipment/ phones / mileage	$15,500.00
Operating Expenses	$10,885.00
HFA/PAT Services	
HFA Core Training and Materials	$8,000.00
PAT Core Education Tuition	$1,300.00
Total Training Costs	$9,300.00
HFA Travel Costs	
Healthy Families Travel Costs (Airfare/Hotel/Meals)	$3,000.00
Parents as Teachers Travel Costs (Airfare/Hotel/Meals	$2,195.00
Total Costs of Travel	$5,195.00
Total Program Costs	$140,736.80

Parents **Utah Parents as Teachers- Salt Lake and Uintah Counties**

Utah Parents as Teachers Program Budget (DRAFT)		
Salaries		
	Parent Educator (3 FTEs)	$88,128
	Support Staff	$13,623
	Administration	$5,000
	Fringe Benefits	$14,900
	Total Personnel	**$121,651**
Operating Expenses		
	Copies of forms/facilitators	$690
	Cellular Usage Fees (per home visitor per year)	$5,040
	Program Supplies (per home visitor per year)	$6,300
	Group Meeting Connections	$3,600
	Professional Development (per home visitor per year)	$2,100
	Parents as Teachers annual access fee	$450
	Mileage	$3,999
	PAT Core Education Tuition	$4,170
	Total Operating Expenses	$26,349
Total Budget		$148,000