

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

Program Area	Help Me Grow Home Visiting Program Standards		EBHV Model Fidelity Standards		
		Rule	Healthy Families America 12 Critical Elements	Nurse Family Partnership 18 Fidelity Standards	Parents As Teachers 20 Performance Standards
Eligibility	<p>(1) At least eighty-five percent of the contractor's capacity shall be used to serve:</p> <p>(a) Families consisting of first-time mothers and their child, when the infant is not yet six months of age at the time of system referral, with a family income not in excess of two hundred percent of federal poverty level; or (b) Families consisting of expectant, first-time mothers with a family income not in excess of two hundred per cent of federal poverty level and the infant upon live birth.</p> <p>(2) Up to fifteen percent of the contractor's capacity may be used to serve families that meet any one of the following characteristics and/or circumstances at the time of system referral: (a) Families consisting of an expectant first-time mother; (b) Families consisting of a first-time mother with an infant or toddler under three years of age; (c) Families consisting of a first-time father with an infant or toddler under three years of age; (d) Families consisting of an infant under six months old at the time of system referral and a birth or biological mother, biological or adoptive father, or an individual acting in place of a birth, biological or adoptive parent, such as a grandparent, stepparent, or other relative, with whom the child lives; (e) Families consisting of an expectant mother or parent with an infant or toddler under three years of age who provide documentation of a family income not in excess of two hundred percent of federal poverty level; (f) Families with a child under three years of age being referred to home visiting as identified on form HEA 8021, effective July 1, 2012; or</p>	3701-8-06 (A) (B)	Initiate services prenatally or at birth.	<p>Clients are first time mothers.</p> <p>Clients meet low-income criteria at intake.</p> <p>Clients are enrolled in NFP early in the pregnancy and receive the first home visit by no later than the end of the 28th week of pregnancy.</p>	Provide at least 2 years of service to families with children between prenatal and kindergarten entry.

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

	(g) Families consisting of an expectant mother or a birth, biological or adoptive parent who is in the U.S. military and their infant or toddler under three years of age. (3) If the provider has capacity, any child in a family referenced in paragraph (A) of this rule may be served in accordance with rule 3701-8-06.1 of Ohio Administrative Code until the child is three years of age.				
Service Initiation (After Program Referral Before First Home Visit)	(1) Make contact to schedule the first home visit; (2) Confirm potential eligibility for the program, except when the PCSA referral form has been provided indicating the child is a victim of substantiated abuse or neglect; and (3) Inform the program participant that the home visitor will be asking for documentation of program eligibility	3701-8-06.1 (A)			
Service Initiation (During the First Home Visit)	(1) Gather documentation to confirm eligibility for the program (2) Obtain written consent to participate in the program, documenting the consent (3) Explain the program's goals, the structure and expectations for participation; (4) Provide a copy of the parent's rights brochure in the native language of the program participant, unless it is clearly not feasible to do so; and (5) Schedule the next home visit	3701-8-06.1 (B)	First home visit within three months after the birth of the baby – preferably prenatally (up to 20% of families can fall outside of this timeframe).		
Service Initiation (During the First 60 Days After Program Referral)	(1) Complete the required tools to screen the child except when the home visitor obtains documentation of comparable screenings completed within ninety calendar days prior to program referral by a qualified vision, hearing, or nutrition professional or within one hundred eighty calendar days for a universal newborn hearing screening; (2) Complete the required tools used for	3701-8-06.1 (C)	Screening and assessment within two weeks after the birth of the baby (up to 20% of families can fall outside of this timeframe). Standardized assessment (i.e. in a consistent way for all families). Staff must be well trained in how	Clients participate voluntarily in NFP.	Screening takes place within 90 days of enrollment for children 4 months or older and then at least annually thereafter (infants enrolled prior to 4 months of age are screened prior to 7 months of age). A complete screening includes developmental

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

	<p>assessment with at least one parent (3) Provide parenting education in a language the program participant understands, with the use of a department-approved evidence-based curriculum; (4) Offer no less than the home visit schedule: --For an expectant first-time parent, at least weekly for the first four weeks in the program, then twice a month until the baby is born, at least weekly for the first four weeks after the baby is born, then twice a month until the baby is six months old; --For all parents, at least weekly for the first four weeks in the program, then twice a month until the baby is six months old, as applicable to program participants; and --At least monthly after the baby is six months old. Program participants must agree to at least one home visit per month. (5) With the program participant, complete the initial family plan with at least one goal for program participation related to any one of the four goals of the HMG home visiting program --Family plans are provided in a language the family understands, unless it is clearly not feasible to do so; and --One copy of each family plan is provided to the family at no cost within ten calendar days of the family signing it</p>		<p>to administer and score the assessment.</p> <p>Offer services voluntarily and use positive outreach efforts to build family trust.</p> <p>Services must be voluntary. Program staff must identify positive ways to establish a relationship with a family and keep families interested and connected over time because many participants are often reluctant to engage in services and may have difficulty building trusting relationships.</p>		<p>screening using PAT approved screening tools, along with hearing and vision screening , and completion of a health record. Developmental domains that require screening include language, intellectual, social-emotional and motor development.</p>
--	---	--	--	--	--

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model’s website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

Service Content (Program Intensity)	(1) For an expectant first-time parent, at least weekly for the first four weeks in the program, then twice a month until the baby is born, at least weekly for the first four weeks after the baby is born, then twice a month until the baby is six months old; (2) For all parents, at least weekly for the first four weeks in the program, then twice a month until the baby is six months old, as applicable to program participants; and (3) At least monthly after the baby is six months old. (4) Program participants must agree to at least one home visit per month.	3701-8-06.1 (D)	Offer services intensively with well-defined criteria for increasing or decreasing frequency of service and over the long-term. Services offered AT LEAST WEEKLY during the 1st six months after the birth of the baby. Family's progress is used for determining service intensity – as family's confidence and self-sufficiency increases frequency of visits decrease. Programs offer services a minimum of three years and up to five years after the birth of the baby.	Clients are visited one to one (one nurse home visitor to one first-time mother and her family). Clients are visited in their homes. Clients are visited throughout their pregnancy and the first two years of their children's lives in accordance with NFP guidelines.	Families with 1 or fewer high needs characteristics receive at least 12 personal visits annually and families with 2 or more high needs characteristics receive at least 24 personal visits annually.
	Conduct parenting education using a department-approved evidence-based parenting curriculum at every home visit after the family plan has been developed;	3701-8-06.1 (F)(1)	Services are culturally sensitive. Programs must track service population characteristics. Ethnic, racial, language, demographic, and other cultural characteristics identified by the program must be taken into account in when selecting program materials (i.e., curriculum) and overseeing staff-family interactions. Staff receives training designed to increase understanding and sensitivity of the unique characteristics of the service population. The program analyzes through the development of a cultural sensitivity review the extent to		Affiliates deliver at least 12 group connections across the program year.
	Conduct home visits in ways which are culturally sensitive and respectful to the program participants	3701-8-06.1 (F)(2)			Parent educators connect families to resources that help them reach their goals and address their needs. At least annually, the affiliate gathers and summarizes feedback from families about the services they've received, using the results for program improvement.

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

			<p>which all aspects of its service delivery system (assessment, home visitation, and supervision) are culturally sensitive.</p> <p>At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g. timely immunizations, well-child care, etc.) Depending on the family's needs, they may also be linked to additional services</p> <p>Participating Target Children must be linked to a medical/health care provider</p> <p>The program ensures immunizations are up-to-date for target children and provides information, referrals, and linkages to available health care resources for all participating family members. Families are connected to additional services in the community.</p>		
	Keep personally identifiable information confidential	3701-8-06.1 (F)(3)			
	Make community referrals, when appropriate, to address the identified needs of the program participants	3701-8-06.1 (F)(4)			
	Facilitate transition of the program participant	3701-8-06.1 (F)(5)			

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

<p>Ongoing Screening/Assessment and Family Plan Review</p>	<p>(1) Screen the child's development every six months or more frequently if requested by the program participant or deemed necessary by the home visitor; (2) Assess the home environment annually; (3) Complete the parent assessments with at least one parent; and (4) Screen for maternal depression whenever there is concern about depression in a mother.</p> <p>Home visiting contractors shall ensure that each family plan is reviewed by the home visitor with the program participant at least every one hundred eighty calendar days. Home visitors shall ensure that each family plan:</p> <p>(1) Includes the most recent screening and assessment tool results; (2) Documents the extent to which the program participant believes that family plan goals were met or unmet and the modifications made; (3) Includes any updates to the home visit schedule; and (4) Is signed by the program participant and the home visitor.</p>	<p>3701-8-06.1 (G) 3701-8-06.1 (H)</p>	<p>Services focus on supporting the parent as well as supporting parent-child interaction and child development. Home visiting staff discuss and review, in supervision and with families, issues identified in the initial assessment during the course of home visiting services. Home visitors must develop an Individual Family Support Plan (IFSP) that identifies strengths, needs, goals, and objectives. The IFSP must be reviewed in supervision and serve as a guide for services. The program must promote positive parent-child interaction, child development skills, and health and safety practices with families through the use of curriculum and other educational materials. The program monitors the development of participating infants and children with a standardized developmental screen, tracks children who are suspected of having a developmental delay and follows through with appropriate referrals and follow-up. Home visitors must be trained in the use of the developmental tool.</p>	<p>Nurse home visitors and nurse supervisors collect data specified by NFP NSO and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.</p>	<p>Parent educators complete and document a family-centered assessment within 90 days of enrollment and then at least annually thereafter.</p> <p>Parent educators develop and document goals with each family they serve.</p> <p>Parent educators use the foundational visit plans and planning guide from the curriculum to design and deliver personal visits to families.</p>
--	--	---	---	--	---

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

<p>Personnel Training (Supervisors)</p>	<p>Supervisors of home visitors meet the credential requirements regarding education. Each individual utilized as a supervisor of home visitors holds at least a bachelor's degree from a council on higher education accredited college or university in one of the following fields of study: child and family studies; child development; child life; education inclusive of early childhood, pre-kindergarten, elementary education, deaf or hearing impaired, blind or vision impaired, special education, or family life education; hearing and speech sciences or speech-language pathology; human development or human ecology; human social services; nursing; occupational therapy or occupational therapy assistant; medicine; physician assistant; physical therapy or physical therapy assistant; psychology; counseling; or social work.</p> <p>Individual completes a personal profile with verification on the Ohio professional registry; and completes the required, department provided, HMG training institute.</p> <p>Individual maintains a supervisor credential without lapse and shall renew the HMG credential every two calendar years from the date of initial or most recent credential renewal by completing at least twenty contact hours of training related to the role or target population of HMG, updating Ohio professional registry personal profile to include required training and obtain verification by the Ohio professional registry.</p>	<p>3701-8-03 (B)</p>	<p>Services are provided by staff with limited caseloads. No more than 15 families on weekly service intensity. No more than 25 families at any given service intensity.</p> <p>Supervisors receive training based on the track (assessment or home visiting) they supervise and administrative, clinical and reflective practice training from a certified HFA trainer within 6 months of hire.</p>	<p>Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a B.S. in nursing.</p> <p>Nurse home visitors and nurse supervisors complete core educational sessions required by NFP NSO and deliver NFP with fidelity to the model.</p> <p>Nurse home visitors use professional knowledge, judgment, and skill and apply the NFP visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.</p> <p>A full-time nurse supervisor provides supervision to no more than eight individual nurse home visitors. Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities, including one-to-one clinical supervision, case conferences, team meetings, and field supervision.</p>	<p>Each month, parent educators working more than .5FTE participate in a minimum of two hours of individual reflective supervision and a minimum of two hours of staff meetings.</p> <p>Each supervisor, mentor or lead parent educator is assigned no more than 12 parent educators, regardless of whether the parent educators being supervised are full or part time.</p> <p>New supervisors attend PAT Model Implementation.</p>
---	--	----------------------	--	--	--

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

<p>Personnel Training (Home Visitors)</p>	<p>Home visitors meet the credential requirements regarding education. Each individual utilized as a home visitors holds at least an associate’s degree from a council on higher education accredited college or university in one of the following fields of study: child and family studies; child development; child life; education inclusive of early childhood, pre-kindergarten, elementary education, deaf or hearing impaired, blind or vision impaired, special education, or family life education; hearing and speech sciences or speech-language pathology; human development or human ecology; human social services; nursing; occupational therapy or occupational therapy assistant; medicine; physician assistant; physical therapy or physical therapy assistant; psychology; counseling; or social work.</p> <p>Individual completes a personal profile with verification on the Ohio professional registry; and completes the required, department provided training, including the HMG training institute, home visiting 101, home visiting with prenatal moms, smoking cessation, and trainings made available by the department on tools used for screening and assessment in HMG home visiting;</p> <p>Individual completes the "home visitor skills inventory" available at www.ohiohelpmegrow.org and submits a copy signed by the home visitor's supervisor to the Ohio professional registry with the first naturally occurring credential renewal that is due after January 1, 2013.</p> <p>Individual maintains a home visitor credential without lapse and shall renew the HMG credential</p>	<p>3701-8-03 (C)</p>	<p>Service providers are selected because of their personal characteristics (i.e. non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job. Service providers have a framework, based on education or experience, for handling the variety of situations they may encounter when working with at-risk families. Each program has required criteria to screen for during employment. Must follow EOE protocol. Must follow HR protocol (job postings, interview questions, 2 references.</p> <p>All service providers must receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug exposed infants, and services in their community. All service providers must receive Orientation training prior to working with families. All service providers must receive intensive training based on their role specific assessment or home</p>	<p>Nurse home visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories in their work with clients.</p> <p>A full-time nurse home visitor carries a caseload of no more than 25 clients.</p>	<p>The minimum qualifications for parent educators are a high school diploma or GED and 2 years’ previous supervised work experience with young children and/or parents.</p> <p>All new parent educators attend the Foundational and Model Implementation Trainings before delivering PAT.</p> <p>Parent educators obtain competency-based professional development and renew certification with the national office annually.</p> <p>Full time 1st year parent educators complete no more than 48 visits per month during their first year and full time parent educators in their 2nd year and beyond complete no more than 60 visits per month.</p>
---	--	----------------------	--	---	--

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model’s website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

	every two calendar years from the date of initial or most recent credential renewal by completing at least twenty contact hours of training related to the role or target population of HMG, updating Ohio professional registry personal profile to include required training and obtain verification by the Ohio professional registry.		<p>visiting. All service providers must receive Wraparound training topics within 6months and 12 months of hire (distance learning modules and/or in person). All service providers must receive ongoing training based on their current skill set in an effort to continue to build skills and competencies.</p> <p>Service providers receive intensive training specific to their role.</p> <p>All service providers must receive HFA CORE training from a certified HFA trainer within 6 months of hire.</p>		
Data/Reporting	Enter all required data into the statewide data system for HMG and maintain one record for each program participant	<p>3701-8-06.1 (F)(6)</p> <p>3701-8-09 (B)</p>	<p>Must track and measure acceptance rates, complete an acceptance analysis of families who refuse services compared to families who accept services and identify strategies to increase acceptance rates every two years.</p> <p>Must track and measure retention of participants at different intervals (i.e., 6 months, 12 months, 24 months, etc.), complete a retention analysis of families who drop out of services compared to families who remain in services and identify</p>	NFP NSO monitors data entered into ETO to ensure that the program is meeting fidelity benchmarks. The NFP NSO reports data to agencies to assess and guide program implementation; agencies download these reports at any time and use them to monitor implementation trends. Nurse consultants and regional quality coordinators also monitor program performance. Nurse consultants establish an annual plan for integrating trends and suggest improvements needed in operational efficiency, clinical processes, and quality	The affiliate annually reports data on service delivery and program implementation through the Affiliate Performance Report; affiliates use data in an ongoing way for purposes of continuous quality improvement.

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model’s website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

			<p>strategies to increase retention rates every two years.</p> <p>Must have criminal background checks and if possible CAN registry checks'. Must complete a staff turnover analysis every two years and include staff satisfaction in an effort to retain staff.</p>	<p>improvement.</p>	
Other			<p>Programs must have an Advisory Committee to focus on program planning, implementation and evaluation.</p> <p>Participants must have a mechanism for providing feedback, including a grievance process.</p> <p>The program must monitor and evaluate the quality of services through analyzing the ability to meet program goals and objectives, and through the implementation of a quality assurance plan.</p> <p>Programs must have policy and procedures for reviewing and recommending approval or denial of research proposals, whether internal or external, which involve past or present families.</p>	<p>NFP implementing agencies are located in and operated by organizations known in the community for being successful providers of prevention services to low-income families.</p> <p>NFP implementing agencies convene a long-term Community Advisory Board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability.</p> <p>Adequate support and structure are in place to support nurse home visitors and nurse supervisors to implement the program and to ensure that data are accurately entered in the ETO data collection system in a timely manner.</p>	<p>Each implementing agency has an advisory committee that meets at least every 6 months.</p> <p>The affiliate follows the standard guidelines regarding copyright, trademark and logo use established by PAT.</p>

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model's website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.

Help Me Grow Home Visiting Program Standards – Evidence Based Home Visiting Model Fidelity Crosswalk

			<p>Programs must have policy and procedures for informing families of their rights and ensuring confidentiality of information both during the intake process as well as during the course of services.</p> <p>The program must report suspected cases of child abuse and neglect to the appropriate authorities and have proper policy and procedures for doing so.</p> <p>The program must have a comprehensive policy and procedure manual outlining all of the necessary policy and procedures.</p> <p>Programs must have an operating budget, annual report and audit.</p>		
--	--	--	---	--	--

Note: This document is for reference and comparison purposes only between HMG HV Program Standards and Evidence Based Home Visiting Model Fidelity. Refer to OAC 3701-8 Help Me Grow Program Rules for the comprehensive set of Help Me Grow Home Visiting Program requirements. Refer to the Evidence-Based Home Visiting Model’s website and the Home Visiting Evidence of Effectiveness website (<http://homvee.acf.hhs.gov/Default.aspx>) for more information about model fidelity requirements.