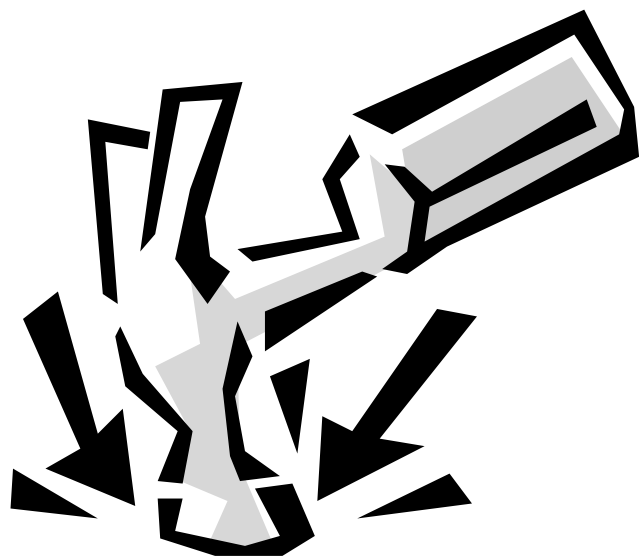


Section Five



Implementing Program Services

PREPARING TO PROVIDE PROGRAM SERVICES



Now that you have secured funding for your program, established collaborative partnerships within the community, submitted your application for affiliation, hired staff and arranged for their training, it's almost time to begin providing program services.

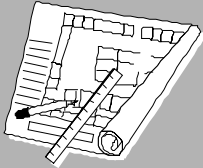
Your program will benefit from including a pre-implementation phase prior to beginning service delivery to families. This phase will allow programs the opportunity to develop policies and procedures, administrative structure and data collection strategies; hire staff and conduct initial training; develop MOUs with partnering agencies; equip the physical facilities with computers, supplies, etc.; and start promoting Healthy Families America in your community.

The pre-implementation phase can last between three and six months. It allows the time to fully develop program components prior to serving the first families. Some funders and administrators may expect programs to start serving families the moment that funding becomes available. Unfortunately, this pressure could result in haphazard service provision without providing adequate staff training and developing the necessary policies and procedures, merely to satisfy funders.

Some programs may have already developed policies, procedures and other program components prior to receiving funding and may need only a brief pre-implementation phase or none at all. Carefully consider whether a pre-implementation phase is necessary for your program and under what conditions it would be acceptable to your collaborating partners, funders and agency administrators.

Once you have addressed all aspects of the pre-implementation phase, it will be time to begin providing program services to families. The two main service components are assessment and home visitation.

PROVIDING ASSESSMENT SERVICES



In this section, we will take an in-depth look at the screening and assessment processes; supervision of Family Assessment Workers (FAWs); and administration of the assessment process.

Goals of the Assessment Process

Goals of the family assessment process include:

- * Systematically assessing all families within the target population prenatally or within two weeks of the birth of a child;
- * Identifying family strengths and support systems;
- * Identifying needs for supportive services and parenting education among families within the target population; and
- * Successfully referring overburdened families to HFA home visiting services and other resources appropriate to family needs.

FAWs accomplish these goals by talking to expectant or new parents either prenatally or at the time of their baby's birth in order to assess their strengths and need for education and support services and linking them to appropriate services.

Screening

In some programs, all new parents are offered assessment services to determine whether they could benefit from participation in an HFA program or other support services. However, it is much more common to screen the pool of expectant and new parents. To do this, staff use a pre-assessment screening tool, or record screen, to collect information about the expectant or new parents. If the record screen indicates the presence of two or more risk factors the parent will be referred for a more complete needs assessment.

SAMPLE RECORD
SCREEN

APPENDIX E,
PG. 265

The FSC follows a semi-structured interview format to assess family issues in the following areas:

- * Parents' childhood history;
- * Potential for violence;
- * Stressors or concerns;
- * Perception of the infant;
- * Current/past substance abuse history;
- * Discipline issues;
- * Parents' expectations of the infant;
- * Bonding and attachment issues;
- * Support systems and problem-solving skills; and
- * Current/previous Child Protective Services involvement.

To establish rapport and lay the groundwork for building trust, the FAW engages the family in a friendly, nonjudgmental and respectful manner. While gathering information, the FAW creates a comfortable environment by beginning with less personal questions and maintaining a relaxed, conversational style.

The FAW must be careful not to promise assistance that cannot be carried out by the Family Support Worker or is not in keeping with the agency's policies.

When concluding the assessment, the FAW thanks the family, assures confidentiality and gets contact information for the family, so that s/he can follow up with referrals or resources for the family. In almost every program, the FAW will leave behind some general parenting education materials about newborns along with the name, phone number and address of the FAW and her/his agency. FAWs are trained not to make any on-the-spot referrals or promises of HFA home visiting services until after they have completed and scored the assessment documentation.



SAMPLE CONSENT
FORM

APPENDIX E,
PG. 268

After the assessment interview, the FAW will document and score the FSC, or other assessment tool. Documenting an accurate and objective account of the information gathered is critical to determining a valid, reliable score and providing needed information for the Family Support Worker. The FAW documents a family's strengths as well as their needs. Supervisors should receive the completed and scored assessments within 48 hours of the assessment being completed. Based on the score, the supervisor and FAW will decide together whether to offer the family HFA home visiting services or other community services. At this point, either the FAW or the FSW, depending on program-specific protocols, will contact the family with further information and referrals.

Administration of the Assessment Process

The number of assessment staff and the scope of their duties will depend on the size of your program and the projected number of assessments to be conducted each day, week and month. Depending on the projected number of assessments, you may only need a part-time assessment worker. You might opt to hire a full-time person who does assessments and other program activities, such as serving lower-need families with referrals or running support groups. Some programs also have the FAW trained to administer developmental tools, such as the Denver Developmental Screening Tool.

In most programs, there will be periods of time when the caseloads for home visiting are full. Be sure to plan for these periods with your hospital or clinic partner. In the event that your caseloads are full, we recommend that you continue screening and assessing in order to identify the need for services and to maintain a program presence in the hospital. Consider how FAWs will use their time once the program is at capacity. If you choose to continue screening and assessment even when home visiting caseloads are full, FAWs can make referrals, provide information and limited follow-up for families who can't be further enrolled in your program. When planning for staff recruitment, consider how non-assessment activities will fit into the overall job description of these staff members.

ASSESSMENT
PROJECTION
WORKSHEET

PG. 81



It is likely that any combination of assignments for assessment workers has been tried at one of the HFA sites. If you have particular questions, contact your HFA Primary Contact, HFA state trainer, another site within your state or Prevent Child Abuse America.

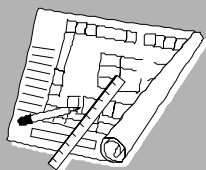
Policies, protocols, forms and staffing patterns will need to be established and documented for conducting the screening and assessment process.

Supervision of Family Assessment Workers

The program will be well-served by having the FAW Supervisor attend the assessment track of HFA primary training, in order to fully understand the FAWs' activities and provide adequate support. It is strongly recommended that the Supervisor have some actual field experience conducting assessments. Without the benefit of training and/or field experience, it will be difficult for the Supervisor to determine the competency or reliability of the FAWs' documentation and scoring efforts.

The FAW Supervisor must be available to provide daily supervision in the form of support and guidance whenever assessments are being conducted. As a quality assurance measure, all assessments completed by the FAWs should be reviewed by the Supervisor within 48 hours. To provide maximum support and availability, a ratio of one Supervisor to five direct service staff is recommended, although 1:6 is the maximum acceptable ratio.

In addition to daily support, FAW Supervisors should provide weekly scheduled supervision which would include periodic reviews of forms and documentation. The most important reason for supervision of FAWs is to provide the FAWs with the opportunity to share their concerns and stressors regarding the families they assess. It also ensures that documentation and scoring remain consistently reliable. Supervisors may also be able to recommend other services that FAWs can direct families to through referrals. In the early stages after training, FAWs must be carefully supervised to support their growing skill in implementing the assessment tool and to track how often families decline assessments.



PROVIDING HOME VISITING SERVICES

Goals of the Home Visiting Process

Goals of the home visiting process include:

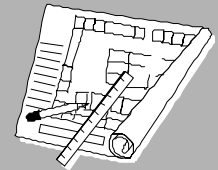
- * Enhancing family functioning by establishing a trusting, nurturing relationship;
- * Improving the family's support system and teaching effective problem-solving skills;
- * Supporting healthy child growth and development; and
- * Promoting positive parent-child relationships.

Preparing for the First Home Visit

After an FAW has met a family, assessed their strengths and needs and rated the FSC (or other assessment tool), the Supervisor may refer the family for HFA home visiting services, based on the assessment tool's score. At this point, either the FAW or the Family Support Worker (FSW), depending on program-specific protocols, will contact the family to offer program enrollment and home visiting services and to set up the initial home visit. It is recommended that the FAW, Supervisor and FSW meet together to discuss information gathered during the assessment interview and to discuss a possible course of action for working with the family.

It is important to develop protocols for the first visit, including:

- * The way in which FSWs should introduce themselves and the program; and
- * Specific activities to accomplish on the early visits, such as:
 - ✦ Completion of the Consent to Participate Form;
 - ✦ Explanation of the family's confidentiality rights; and
 - ✦ Assisting the family in developing goals.



SAMPLE FLYER

APPENDIX E,
PG. 269

SAMPLE
CONFIDENTIALITY
POLICIES

APPENDIX E,
PG. 270

Many programs have developed a flyer or fact sheet answering the basic questions many families have. The content of program flyers and the initial home visits will depend, in part, on whether your point of first contact occurs prenatally or shortly after the child's birth.

All participants in HFA programs must be fully and respectfully informed of the program's confidentiality policy. It is recommended that you develop a Release of Information Form specific to your program, as well as a form that clearly explains the family's confidentiality rights. These forms should be written in clear language, translated for any families whose first language is not English and explained to parents. (Depending on program- or hospital/clinic-specific policies, families may have previously signed consent forms during or prior to the assessment process. Even so, it is required that the home visitor obtain a signed Release of Information Form and Consent to Participate Form upon program enrollment and initiation of services.)

It is also important to carefully explain the fact that HFA staff are mandated reporters of child abuse and neglect and describe the circumstances under which home visitors would be required to file a report with Child Protective Services. Staff may find this difficult to discuss, yet it is of critical importance that families have a solid understanding of this program requirement.

Initial Home Visits

Once a family has enrolled in the program, the FSW will make a series of initial home visits that will set the tone for the entire relationship between the family and the program. The critical issue at this stage is communication. The FSW will introduce her/himself, provide an overview of the HFA program and answer family members' questions. In addition to concrete questions, the FSW may encounter unstated concerns that family members may have about an outsider becoming involved in their lives. The FSW will need to be sensitive to issues above and below the surface.

In order to lay the groundwork for working together, the FSW will integrate the following elements into early home visits:

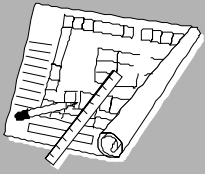
- * Introducing the program brochure and list of services, asking the parent(s) in which services they'd be interested;
- * Discussing goal setting;
- * Showing the parent(s) the curriculum and developmental tool to be used;
- * Informing them that each visit includes a discussion on infant care, development or an activity with the baby; and
- * Providing information on safety tips for newborns.

Prenatal Visits

The birth of a baby is a highly significant event in the life of any family, and it is a prime time for the FSW to become a part of that expectant parent's formal support system. FSWs can also use this time to meet and learn about others who may be an important part of the mother-to-be's support systems. Many programs have found that prenatal engagement is particularly helpful in laying the groundwork for the parent education process, since unfamiliar or challenging ideas about child-rearing are best offered in the context of a relationship.

Initial home visits with a prenatal participant may be somewhat different for the FSW than visits after the baby's birth. The parent is likely to be more self-focused and may have significant fears or concerns about the upcoming birth process. In some programs, the prenatal engagement process concentrates on concrete planning for the new baby as well as health concerns of the mother. For those women who have complicated or high-risk pregnancies, the added support from an HFA program can be a great help. HFA staff can encourage or help with the final stages of prenatal health care and assist the participant in learning birth and baby care techniques.

Each program will set its own policies for determining at which point during pregnancy to engage the family. Many HFA programs engage families during the third trimester of pregnancy. However, if a family is facing significant challenges services may begin earlier.



Developing an Individual Family Support Plan (IFSP)

During the early home visits, FSWs are developing relationships with parents, the baby and other significant household members. There are numerous tools and activities that can support this relationship-building as well as introduce parents to the idea of developing an IFSP, such as an information-gathering worksheet or Family Resource Scale. These tools may help parents and staff identify concrete and emotional goals that may be focused on in the future. Remember that any materials used with families should be customized to reflect your program's unique approach and community context.

When participants set goals and work toward achieving them they learn problem-solving and coping skills and become more purposeful in their behavior. When problems are broken down into manageable parts, real progress can be made which supports the parents' sense of mastery and self-efficacy, leading to improved self-esteem. When the FSW and the parents work together on the development of an Individual Family Support Plan, they are well on their way to accomplishing these goals.

The IFSP is a tool for documenting the work of the family as well as the home visitor. The FSW uses the IFSP process as a way to build an empowering partnership with families. Program staff will see that the *process* of developing a mutually-agreed-upon plan with a family is often more important than the plan itself.

SAMPLE IFSP

APPENDIX E,
PG. 272

"It is important to connect families to training programs, substance abuse treatment centers, domestic violence shelters and mental health services, as appropriate, while they are receiving HFA services. Approximately 70% of our families have domestic violence issues; 50% have substance abuse issues and an equal percentage have mental issues - these are significant issues for families and children."

- Debra Caldera, RN, MPH, Unit Manager
Family and Community Services, State of Alaska Maternal, Child & Family Health



A completed IFSP will contain several goals that family members have identified for themselves. The standard IFSP format contains these goals, the resources available, activities assigned, and a timeline for achievement. The plan itself is based on the resources and strengths of the family, the community and the HFA program.

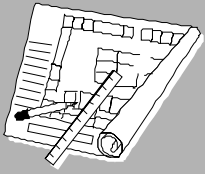
It is recommended that IFSP planning take place within the first 30-45 days of program involvement. Parents are asked to select goals to focus on for the next six months. The IFSP should be reviewed with the family and rewritten every six months. The FSW and supervisor will review the IFSP every two months to assess the family's progress toward meeting their goals.

Supporting the Parent-Child Relationship

A unique element of HFA programs is the emphasis given to parent-child interaction. We know that parents who have strong, positive attachments with their infants are at lower risk for child abuse and neglect and a host of other problems. We also know that infants require appropriate stimulation and love in order to fully develop their capacities. Recent research findings on early brain development further support the Critical Element calling for FSWs to focus on the parent-child relationship in the course of home visiting.

The HFA program provides a number of concrete ways to assist FSWs in maintaining this focus on parents' bonding and attachment with the baby, despite the complexity of the parents' needs. The FSW's emphasis on the parent-child relationship and advocating for the child's perspective can serve as a model for parent education.

“Believe strongly that the relationship between the parent and the infant/child is the key to success for positive outcomes in children and families, in preventing child maltreatment and in supporting positive health and development outcomes



Promoting Healthy Child Development

It is important for all families with young children to be connected to a primary health care provider. Immunizations and well-baby care are at the forefront of prevention and represent the point of entry for a lifelong relationship with a physician. FSWs can take a lead role in helping families identify an appropriate doctor and follow through on well-child appointments.

A medical provider offers HFA participants:

- * Regular well-child exams and immunizations;
- * Developmental screening and identification of children at risk for developmental delays; and
- * Medical case management.

The FSW can assist the medical provider by:

- * Encouraging families to see the same physicians regularly;
- * Discouraging use of emergency room services for minor illnesses; and
- * Monitoring well-child care and developmental screening, and alerting physicians to family concerns or possible developmental delays.

FSWs will want to initiate a developmental screening schedule for each child in connection to their well-baby care. Developmental screening can be implemented in either a health care setting or by HFA staff certified to deliver a tool such as the Denver Developmental Screening Tool or the Ages and Stages Questionnaire. Delays identified by the tool may be further investigated through referrals to specialized early intervention programs.



In addition to being an early identification tool for intervention, developmental screening results can be included in program evaluations as evidence of the positive impact of the program on child health.

Administration of Home Visiting Services

There is a lot of paperwork involved in the provision of home visiting services, including procedures for developing, reviewing and updating IFSPs and any other case management procedures, such as number of home visits, the leveling system, ongoing child development tracking, etc. If possible, program management staff should be closely involved with the development of policies, procedures and documentation. A process that includes staff input generally results in more effective policies and procedures that are more likely to be adhered to.

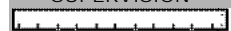
An annual review of program procedures and forms used is a good practice for new programs. In the beginning, programs might be inclined to design a form and then re-design it two months later, causing confusion. It is a good idea to use a form for a year, keeping a file of potential improvements, for annual review and revision.

Supervision for Family Support Workers

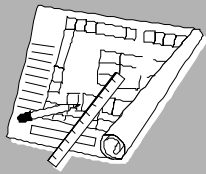
Supervision is critical to the success of the program. You will want to establish procedures defining the frequency, duration and format of home visiting supervision. The role of supervision is particularly critical for staff with less experience and/or no home visiting experience. Staff need structured, consistent supervision and access to their Supervisor for crisis situations, as well as for general reassurance and support. The Critical Elements recommend a minimum of 1½ to 2 hours of weekly supervision for each staffperson, including a review of home visit reports. The maximum allowable ratio of Supervisors to FSWs is 1:6, although the preferred ratio is 1:5.



CRITICAL ELEMENT
#12 FOR INFO ON
EFFECTIVE
SUPERVISION



APPENDIX A,
PG. 208



Selecting Program Curricula and Support Materials

You are encouraged to gather and/or develop educational and resource materials for parents. You may want to create a lending library of videos, books and developmental toys for parents to borrow, in addition to materials that can be given to each family. Instead of providing toys, you may also identify a curriculum that encourages families to make toys with materials in the home and then identifies how these handmade toys can promote the growth and development of the child.

Remember that parent education and child development materials are typically written from a specific point of view, with a particular audience in mind. FSWs and their Supervisors will need to critically review materials, looking closely at cultural and community belief systems. Materials should be applicable to families with limited resources or reading skills. You may want to consider using several curricula that accommodate various adult learning styles, other languages and various cultures etc., and encourage interaction and discussion.



Go directly to the families you work with. Ask participants for feedback on your program's support materials.

The following core concepts are important for inclusion in program curricula. You may find one curriculum that covers all of these areas or you may wish to combine several curricula.

* **Mothers' Health and Personal Needs**

The birth of a baby causes many physical and emotional changes. Feelings of exhilaration, excitement and joy as well as frustration and the "baby blues" all are normal. A home visitor may be able to assist in helping the mother to understand her feelings and health needs. A mother's concerns about the following should be covered:

- ✦ Healthy pregnancy;
- ✦ Basic childbirth information;

- ✦ Enhancing self-esteem;
- ✦ Fatigue and loss of sleep;
- ✦ Physical and emotional changes; and
- ✦ Changes in relationship with spouse or significant other.

✧ **Attachment and Bonding**

Assuring a positive parent-child relationship depends on facilitating a strong initial bonding between the parent and infant. The parent's ability to initiate this contact and understand and respond to the infant's cues form the basis of interaction between the parent and infant. The home visitor's primary goal in the first weeks and months of the infant's life is to support the bonding of the parents (or primary caregiver) with the child. This includes supporting the parents in developing this bond through recognizing and responding appropriately to the infant's cues. Specific areas to be covered include:

- ✦ Trust building;
- ✦ Talking to your baby;
- ✦ Holding and touching your baby;
- ✦ Father-baby bonding as well as mother-baby bonding; and
- ✦ Eye contact.

✱ **Growth and Development**

The first few months and years of a child's life are critical stages in their growth and development. It is important to provide support for new parents by informing them about their child's development and what to expect. Not only does this contribute to parent-infant bonding, but it also allows the parent to track and facilitate their child's healthy growth and development. Topics to include are:

- ✦ Supporting your baby's cognitive and emotional development;
- ✦ How to play with your baby;
- ✦ Major milestones in physical development;
- ✦ Ensuring realistic expectations of the baby's development;
- ✦ Characteristics of the toddler years; and
- ✦ Fostering early literacy.



TRAINING CONTENT AND PROCEDURES

Training for HFA program staff is an ongoing process. Orientation training provides program staff with information about the agency and community in which they work. HFA primary training provides instruction in role-specific skills and information necessary for effectively working with overburdened families. Ongoing or advanced wraparound training can provide in-depth information on issues and skills that impact the continued delivery of services to parents and their children.

Orientation Training

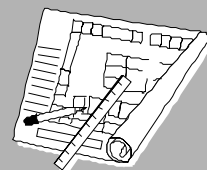
Orientation training is the initial information provided to new staff upon being hired. This training is designed and delivered by the program staff. It consists of information about agency policies and procedures, service provision in their community and state and community resources or services available to them and the families that they will serve.

HFA Primary Training

HFA primary training is mandatory. It may be delivered by certified national or state HFA trainers. PCA America staff or your State Leader can provide information about scheduling an HFA primary training.

The purpose of HFA primary training is to assist program staff in providing services specific to their job responsibilities. Training content is designed around the Critical Elements and is based on best practices of family-centered and strength-based theory and service provision. Prior to training, you will have planned for specific methods for service delivery that are based on the unique qualities of the communities and families you serve. By focusing on the Critical Elements in training, program staff will be able to relate theory to practice.

Primary training is conducted over five consecutive days. One



day of training is reserved for Program Managers and Supervisors to discuss specific program implementation issues and receive training pertinent to their role(s) in the program. One day is spent with the full group covering the basics of the HFA program, including the Critical Elements. The next three days are divided into two role-specific training tracks – FSWs and FAWs. (Supervisors who will be overseeing staff in both roles will need to receive training in both tracks.)

FSWs are trained in key concepts related to home visitation services which include:

- * Supporting healthy childhood growth and development;
- * Promoting positive parent-child relationships;
- * Enhancing family functioning by teaching parents to utilize solution-focused problem-solving skills; and
- * Improving family support systems.

FAWs are trained to administer the Family Stress Checklist (FSC), the assessment tool used in many HFA programs to systematically identify those families most in need of services.

Separate trainers are provided to handle each role-specific training track: the FSWs and the FAWs. The maximum number of participants in an FSW training group is 15; for an FAW training group, the maximum number is 12. To ensure the quality of training, larger groups will require additional trainers.

Staff who have completed primary training in one role and wish to be cross-trained in the other role may attend the final three days of the training week.

We recommend that staff spend at least three months in their primary roles before undergoing cross-training.

New staff members who have joined a program after the site has completed its primary training may receive training by attending another program site's primary training, based on space availability.



Scheduling Primary Training

It is important that a program be committed to the HFA approach and have a plan in place to implement the Critical Elements before scheduling HFA primary training. This will be demonstrated by the program filing an Application for Affiliation with PCA America.

To request primary training from certified HFA trainers, submit a Training Request Form (TRF) to PCA America at least two months prior to the desired training date. The date of the actual training, however, will depend upon the availability of trainers and the site's adherence to the Critical Elements. Once the TRF and Application for Affiliation are on file at PCA America, a technical assistance phone call will be scheduled with the Program Manager to reaffirm the presence of the Critical Elements in the program and provide an opportunity for any additional pre-training technical assistance that may be required.

Wraparound Training

Wraparound training consists of ongoing or advanced training that includes information about the challenges faced by the community's families and the local resources available to support those families.

Some training topics are critical to be taught before staff begin working with families, such as dynamics of child abuse and neglect and community resources. Other training topics should be offered within the first six months of hire, including infant care, staff boundary issues, crisis intervention and language development. In order to address the multiple needs that families may be facing, it will be important for staff to receive training on substance abuse, mental health and domestic violence issues. There are some topics that should be repeated in trainings throughout the career of the provider, including parent-child interaction, family cultural issues and child development and learning.

SAMPLE TRAINING
REQUEST FORM

APPENDIX E,
PG. 274

RECOMMENDED
WRAPAROUND
TRAINING TOPICS

APPENDIX E,
PG. 278

TECHNICAL ASSISTANCE



Technical assistance is a broadly used term that has several meanings and interpretations. Here we define it as support provided to planning groups to assist in the development, implementation and maintenance of an HFA site or system. This section will focus on technical assistance available at the HFA program site level.

You are encouraged to seek technical assistance throughout the program planning process to ensure that the Critical Elements are reflected in your planning efforts. Program planning and technical assistance are available from a variety of sources including:

- * HFA State Leaders;
- * HFA state trainers;
- * Existing HFA sites;
- * HFA peer reviewers within your state;
- * Local community experts;
- * PCA America national office; and
- * Local or state HFA partners.

Technical assistance can be provided in a variety of ways, including:

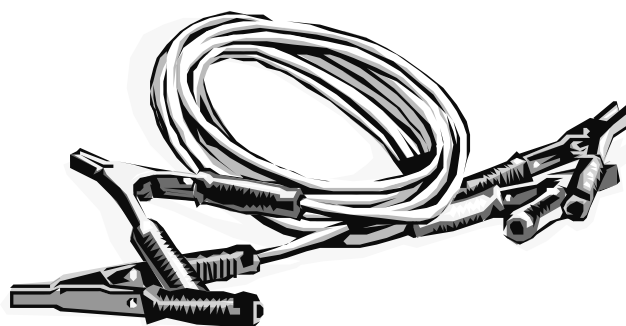
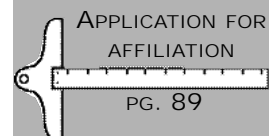
- * Telephone conversations;
- * E-mails;
- * One-on-one meetings; and
- * Group meetings.



Pre- and Post-Training Technical Assistance

HFA primary training is usually scheduled once funding is secured, staff are hired for a pilot site and the HFA Application for Affiliation is submitted. Technical assistance is available before training is scheduled to ensure that the program is on-track with a solid plan for implementing the Critical Elements within the structure of their program. Upon completion of primary training, technical assistance is available from the trainer who conducted the training as well as PCA America program staff, on an as-needed basis.

A number of states have the capacity not only to assist developing sites in tailoring the Critical Elements to meet their individual needs, but also to provide primary training and technical assistance. This may help new sites' budgeting efforts by lowering training costs and travel expenses.





ADDITIONAL RESOURCES - SECTION V

Assessment Resources

Kempe National Center for Prevention and Treatment of
Child Abuse and Neglect
1205 Oneida Street
Denver, CO 80220

Description/History and Use of the Kempe Stress Assessment. Korfmacher, J.

Home Visiting Resources

Home Visiting: Reaching Babies and Families "Where They Live." Zero to
Three: National Center for Infants, Toddlers and Families

The Future of Children 9(1) 1999. The David and Lucile Packard Foundation

Home Visiting: Procedures for Helping Families. Wasik, B.H., Bryant, D.M., &
Lyons, C.M.

Technical Assistance Resources

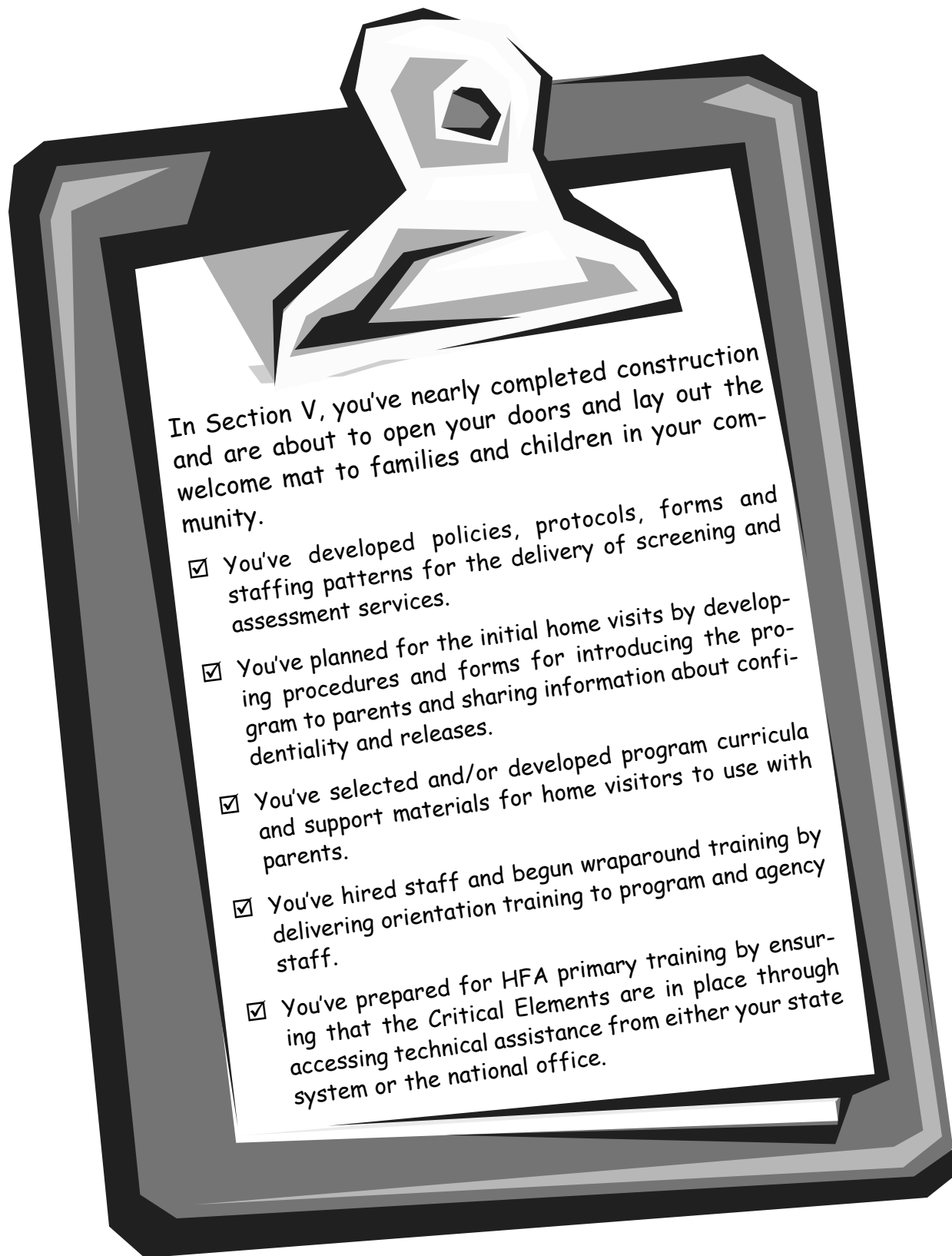
Prevent Child Abuse America, 312/663-3520, offers several communications
vehicles that provide technical assistance:

Healthy Families America Spotlight – periodic newsletter that includes
questions from the field and profiles of program sites

State Systems Scoop – bi-monthly electronic newsletter designed to
provide information to facilitate state systems development

HFA Listserv – electronic bulletin board for HFA practitioners to share
information and resources

*See the bibliography for additional resources
and complete citations.*



In Section V, you've nearly completed construction and are about to open your doors and lay out the welcome mat to families and children in your community.

- You've developed policies, protocols, forms and staffing patterns for the delivery of screening and assessment services.
- You've planned for the initial home visits by developing procedures and forms for introducing the program to parents and sharing information about confidentiality and releases.
- You've selected and/or developed program curricula and support materials for home visitors to use with parents.
- You've hired staff and begun wraparound training by delivering orientation training to program and agency staff.
- You've prepared for HFA primary training by ensuring that the Critical Elements are in place through accessing technical assistance from either your state system or the national office.