



**healthy
families
america**®

a program of Prevent Child Abuse America

Specific HFA Model Requirements

HFA's 12 Critical Elements make up the essential components of the HFA Model. They can be broken into three broad areas: Service Initiation, Service Content and Administration.

Service Initiation

1. **Initiate services prenatally or at birth.**

- a. Screening and assessment within two weeks after the birth of the baby (up to 20% of families can fall outside of this timeframe).
- 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).
- c. Must monitor and address various levels of program contact prior to enrollment.
- d. 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.

2. **Standardized (i.e. in a consistent way for all families) assessment**

- a. Assessment Tool (typically the Parent Survey aka Kempe Family Stress Checklist) is used to identify the family strengths as well as family history and/or issues related to higher risk of child maltreatment and/or poor childhood outcomes.
- b. Staff must be well trained in how to administer and score the assessment.

3. **Offer services voluntarily and use positive outreach efforts to build family trust.**

- a. Services must be voluntary
- b. 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.
- c. Creative Outreach are offered for a minimum of three months.
- d. 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 strategies to increase retention rates every two years.

Service Content

4. **Offer services intensively with well-defined criteria for increasing or decreasing frequency of service and over the long-term**

- a. Services offered AT LEAST WEEKLY during the 1st six months after the birth of the baby (up to 10% of families can receive less than weekly visits within the timeframe).
- b. Family progress is used for determining service intensity . as family confidence and self sufficiency increases frequency of visits decrease.
- c. Programs offer services a minimum of three years and up to five years after the birth of the baby.

5. **Services are culturally sensitive**

- a. Programs must track service population characteristics
- b. 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.
- c. Staff receives training designed to increase understanding and sensitivity of the unique characteristics of the service population.
- d. The program analyzes through the development of a cultural sensitivity review the extent to which all aspects of its service delivery system (assessment, home visitation, and supervision) are culturally sensitive.

6. *Services focus on supporting the parent as well as supporting parent-child interaction and child development.*
 - a. Home visiting staff discuss and review, in supervision and with families, issues identified in the initial assessment during the course of home visiting services.
 - b. 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.
 - c. 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.
 - d. 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.
7. *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 such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.*
 - a. Participating Target Children must be linked to a medical/health care provider
 - b. 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.
 - c. Families are connected to additional services in the community.
8. *Services are provided by staff with limited caseloads*
 - a. No more than 15 families on weekly service intensity
 - b. No more than 25 families at any given service intensity
 - c. Policies and procedures for assigning families to staff.

Administration (Personnel Selection, Staffing, Training, Supervision, Governance & Administration)

9. *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.*
 - a. Each program has required criteria to screen for during employment.
 - b. Must follow EOE protocol
 - c. Must follow HR protocol (job postings, interview questions, 2 references).
 - d. Must have criminal background checks and if possible CAN registry checks completed on all staff.
 - e. Must complete a staff turnover analysis every two years and include staff satisfaction in an effort to retain staff.
10. *All service providers (assessment, home visitors, supervisors) 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. Please note: in the best practice standards Critical Elements 10 and 11 are combined in standards 10 starting on page 68.*
 - a. All service providers must receive Orientation training prior to working with families (10-2 topics outlined in best practice standards). These trainings are typically provided by HFA supervisor and/or Program Manager.
 - b. All service providers must receive Wraparound training topics (topics outlined in best practice standards) within 6 months and 12 months of hire (10-4 and 10-5 standards. These trainings are available to HFA affiliates through 35 hours of distance learning modules. Sites are also encouraged to receive training locally from community partners (i.e., domestic violence shelters, mental health facilities, etc.).
 - c. All service providers must receive ongoing training based on their current skill set in an effort to continue to build skills and competencies (10-6). These trainings are typically achieved through conferences, webinars, and trainings offered at local or state level.

11. Service providers receive intensive training specific to their role. Please note: in the best practice standards Critical Elements 10 and 11 are combined in standards 10 starting on page 68.

- a. All service providers must receive HFA Core (assessment or home visiting) training from a **certified HFA trainer** within 6 months of hire (10-3 standards).
- b. Supervisors also 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.

12. Service providers receive ongoing, effective accountable, clinical and reflective supervision. Best Practice Standard 11.

- a. Direct service providers must receive weekly, individualized supervision.
- b. Full time supervisors are to have 6 or fewer direct services staff.
- c. Direct service staff must receive skill development and professional support and be held accountable for the quality of their work.
- d. Supervisors and Program Managers must be held accountable for the quality of their work and provided with skill development and professional support

13. Governance & Administration (not a Critical Element) Best practice standard GA

- a. Programs must have an Advisory Committee to focus on program planning, implementation and evaluation.
- b. Participants must have a mechanism for providing feedback, including a grievance process.
- c. 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.
- d. 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.
- e. 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.
- f. The program must report suspected cases of child abuse and neglect to the appropriate authorities and have proper policy and procedures for doing so.
- g. The program must have a comprehensive policy and procedure manual outlining all of the necessary policy and procedures.
- h. Programs must have an operating budget, annual report and audit.