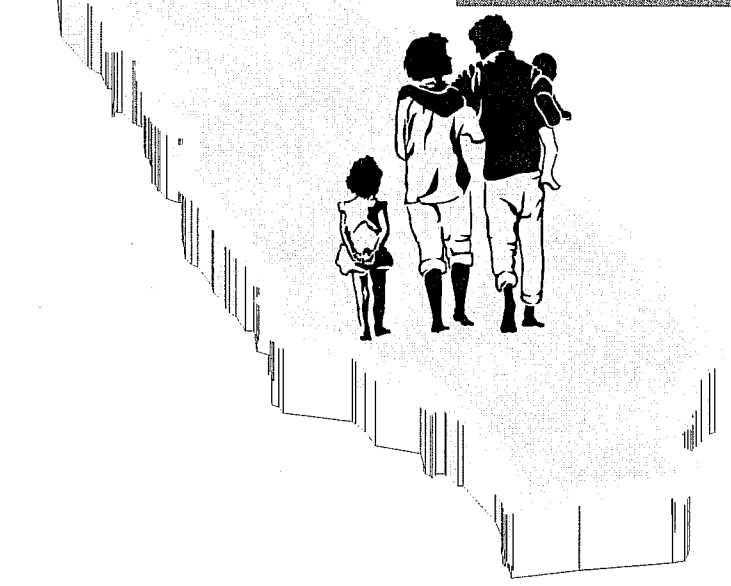
THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CALIFORNIA SAFE AND HEALTHY FAMILIES MODEL PROGRAM

A Family Support Home Visiting Model

EXECUTIVE SUMMARY



1998

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Office of Child Abuse Prevention in cooperation with the California Wellness Foundation and the Stuart Foundations

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I. INTRODUCTION

In May 1995, the Center for Child Protection, with twenty years of experience in delivering Family Support Home Visiting programs to overburdened families, undertook the Healthy Families-San Diego Project, a rigorous clinical replication study of the Healthy Families America Model first developed by the Hawaii Family Stress Center. The funding for this project was unique: the *California Department of Social Services Office of Child Abuse Prevention (CDSS-OCAP)* entered into a collaborative funding partnership with two foundations, *The California Wellness Foundation*, and the *Stuart Foundations*. The Center for Child Protection Family Support Program was asked to replicate the components of the Healthy Families paraprofessional home visiting model and to review the existing literature and home visiting program models in order to develop a "best practices" approach.

The Mission of the California Department of Social Services is: *". . . to ensure that needy and vulnerable children and adults are served, aided and protected in ways that strengthen and preserve families, encourage personal responsibility and foster independence."* The **Children and Family Services Division** of the California Department of Social Services plays a vital role in the development of policies and programs which implement the goals of the CDSS mission statement by working with other state and local agencies and community-based organizations to maximize families' opportunities for success. This includes ensuring:

- The promotion of innovative, community-based strategies to prevent child abuse and neglect
- The development and maintenance of a statewide system of services focusing on child safety, family-centered support services, and permanency for children
- The development of uniform standards related to assessment, service delivery, and staff training and competency

- The achievement of positive outcomes through the provision of technical assistance, consultation, and measurement of program effectiveness
- The development of strategies for maximizing resources through greater interface and collaboration among public and private agencies.

The California Safe and Healthy Families (Cal-SAHF) Program/ Family Support Home Visiting Model is an important element in the development of effective strategies to meet the CDSS mission and the goals of the Children and Family Services Division. The Cal-SAHF Family Support Home Visiting Model is a capitated, research-based design, utilizing the optimal, "best practices" elements of many strong, nationally recognized conceptual models. The California Department of Social Services Office of Child Abuse Prevention (CDSS-OCAP) has been able to utilize information gathered through the Healthy Families San Diego project and key research findings from nationally recognized home visiting projects to develop a Family Support Home Visiting Model which has the potential for broad application to address a range of problems.

The Cal-SAHF Family Support Home Visiting Model is designed to promote community flexibility in the implementation of the program, while providing a structural base for minimum standards, training, supervision, and a system for maintaining long term program quality which is based on program outcomes focused on protecting children and improving overall family functioning and self sufficiency. The model is family centered, encouraging family participation and empowerment.

The Family Support Home Visiting Model is intended to reduce multiple adverse health, social, and economic outcomes affecting overburdened families in California. Without support and skill building, many of these families are at risk of child maltreatment and may very well find it difficult to find their way off the public welfare rolls.

There is increasing concern and public discourse about welfare dependency, drugs, violence, teenage pregnancy, inadequate health coverage, and early educational failure, and their

adverse effects upon children. These negative outcomes are often seen as symptoms of personal and family breakdown, and we have devised many "quick cure" interventions to address each problem. Often, we treat each negative outcome by itself, in isolation from other accompanying adverse effects. These adverse effects are often the end result of a family's chronic overburdened experience, leaving family members poorly equipped to resolve the multiple difficulties they face.

The "overburdened family" often experiences multiple difficulties with many systems, with accessing needed services, and with using community resources effectively. There are many reasons that a family could be experiencing overwhelming stress. Some of these are contextual, such as living in a violent neighborhood, living in poverty, being a single parent, unemployment, incomplete education, or having problems with activities of daily living. Other factors may include the parent's own history of abuse or developmental trauma, history of substance abuse, criminal activity, or mental illness. Additional stress can be placed upon a family if there are children closely spaced in age, children with learning or behavioral problems (which may have been the result of prenatal or early developmental circumstances), or with mental illness.

"Overburdened families" need assistance in order to prepare their children to function adequately in the community. It is not unusual for parents in these families to suffer from severe developmental deficits themselves, making it very difficult for them to carry out the basic tasks of parenting. Frequently, the developmental trauma they have suffered is repeated with the child. Developmental traumas are events and experiences which interfere with an individual's normal course of maturation and may lead to the establishment of distorted patterns of thinking and behaving. Family Support Home Visiting provides an array of interventions which help these families to develop needed boundaries and personality

differentiation, thereby permitting family members to meet their maturational needs and improve their functioning in the community.

A. What is "Family Support Home Visiting? "

Family Support Home Visiting represents a service ***philosophy*** consisting of several component services, usually organized around HOME VISITING as a core service strategy for the purpose of improving family self- sufficiency. Families receive individualized help in their own homes and are provided with a safe environment to practice new skills and learn to utilize resources available to them in the community. Family Support Home Visiting is an effective service delivery ***strategy*** for programs attempting to prevent, reduce, and treat adverse health, social, and economic outcomes. Typically, Family Support Home Visiting represents a range of interventions aimed at supporting families to prevent and ameliorate the significant difficulties they are experiencing. Family Support Home Visiting works best when several organizations collaborate, pooling their expertise to offer a continuum of support for overburdened families.

Both nursing and social work have strong traditions of home based service delivery and home visiting strategies have long been used by both professions in work with isolated home bound populations. Recently, as a result of funding pressures and new visions of prevention, early intervention, and wellness, interest has increased in home visiting as part of an overall strategy to prevent child abuse, welfare dependency, teen pregnancy, and other adverse outcomes. Many questions regarding frequency, intensity, content, and qualifications of the home visitor are being studied. There is a widespread sense among researchers, administrators, practitioners, and policy makers that home visiting as a major component of Family Support Home Visiting for high risk overburdened families can indeed reduce adverse health, social, and economic outcomes. Early results also show promise in the use of Family Support Home Visiting to prevent or reduce violence and delinquency.

Home visiting programs differ with respect to staffing levels, funding, duration and intensity. The best programs integrate research findings into policy and program development. High quality programs are based on a strong conceptual model based on research and "best practices", and program structure and process are developed in a way which reflects the conceptual model.

B. Effectiveness

Family Support Home Visiting does not represent a "silver bullet" to cure all social ills, but does offer a promising way to structure service delivery to optimize resource utilization and offer comprehensive services to assist families to function in healthier, productive, and independent ways.

There is a growing body of research which demonstrates both short term and long term gains for families receiving Family Support Home Visiting. Families receiving these services demonstrate fewer crises, reduce risk behaviors such as smoking and taking drugs, spend less time on welfare, and produce fewer children who become delinquent. These programs show a positive effect on cognitive development, as well as improvements in overall family functioning.

There is a constellation of factors which together are highly correlated with the well being of families. There is a consensus among researchers and practitioners that the parent's own development, parent/child interaction and communication, child's health status, and the child's readiness for learning interact with risk factors such as poor ability to control feelings and impulses, inadequate coping mechanisms, and disturbed parent/child relationships.

Based on current research and program experience, some specific positive outcomes which can be anticipated from Family Support Home Visiting include:

- Reduced Child Maltreatment
- Reduced Welfare Payments
- Reduced Hospitalization Costs and Avoidable Medical Costs
- Reduced Emergency Department Visits
- Reduced Interventions by Child Welfare, Law Enforcement, and the Courts
- Reduction in School Dropouts
- Increased Primary Care Visits
- Reduced Costs in Special Education
- Reduced Substance Use/Abuse
- Reduction in Unintentional Injuries
- Fewer low birth-weight babies

This ***Executive Summary*** is intended as an introduction to the California Safe and Healthy Families Program/ Family Support Home Visiting Model. A ***Program Manual*** and a training program containing detailed information about the Cal-SAHF program elements is available through the Office of Child Abuse Prevention.

II. OVERVIEW OF THE CALIFORNIA SAFE AND HEALTHY FAMILIES FAMILY SUPPORT HOME VISITING MODEL

The model presented here is based upon the belief that the family is the best place to raise children, and that families can be assisted to become safer, better functioning, and more resourceful through early, non-threatening intervention.

Frequently professionals, and even the families themselves, recognize the gaps in the fabric of a family's life. Yet, all too often, families are expected to miraculously self-mend these gaps once they have been identified. Family Support Home Visiting represents a strategy for addressing the overburdened family's "here and now" needs in order to empower the family to move towards future goals. The model we are proposing recognizes that overburdened families, struggling with interacting risk factors, require a coordinated, sustained, and relatively short period of support in order to learn how to function independently. The Cal-SAHF model is a family centered approach which encourages family participation in identifying needs, setting goals, and monitoring progress and promotes family empowerment and self sufficiency.

A growing body of research demonstrates both *significant* short and long term gains for families receiving Family Support Home Visiting. Family Support Home Visiting serves as one element of a continuum of services which an overburdened family may require. Family Support Home Visiting provides a structured "holding environment" to assist parents in managing the multiple tasks of parenthood, and provide structure, empowerment, assistance with problem solving, coping, and resource utilization. Staff provide modeling and help the family to integrate the material from parenting classes and support groups. Launching healthy children means that parents in overburdened families frequently require support in order to maintain an environment of stability for their children. These services empower families, and help families to integrate and utilize the resources available to them.

A. GOALS AND OBJECTIVES OF THE CDSS FAMILY SUPPORT PROGRAM

- **Preventing/Reducing Welfare Dependency**

- **Reduced Hospitalization Costs and Avoidable Medical Costs**

  - preventing/reducing teen pregnancy
  - reduced emergency department visits
  - reduction in unintentional injuries
  - increased primary care visits
  - optimizing access to needed health care and community services

- **Reduced Interventions by Child Welfare, Law Enforcement, and the Courts**

  - preventing child maltreatment
  - preventing/reducing violence
  - preventing/reducing substance abuse

- **Preventing Adverse Outcomes for Children and Their Families**

  - reduction in school dropouts
  - reduced costs in special education
  - reduced substance use
  - maintaining child and family health
  - improving school readiness

- **Promoting Positive Parenting and Optimal Child Development**

  - promoting appropriate well care for children
  - improving child health and developmental outcomes

- **Enhancing Autonomy and Self Sufficiency**

  - promoting continuing personal development of parents, including educational and vocational development

B. When Should Services Be Initiated?

When we try to look at intervening with overburdened families, it is easy to become overwhelmed by the complex and interrelated problems experienced by these families. A strategy of offering early intervention and prevention services represents an attempt to provide support to families before adverse events have occurred. This is often accomplished by identifying overburdened families during pregnancy and during the neonatal period.

Although it is often preferable to work with newborns and their families, it is important to note that Family Support Home Visiting provided as an early intervention to overburdened families with older children can have a significant impact on improving parent/child relationships, and on cutting into long standing dysfunctional dynamics. By improving parenting skills and family coping strategies, and working with the children to help them learn new coping styles, Family Support Home Visiting can serve families at many stress points in the family life cycle. **Family Support Home Visiting services offer a preventive service and an early intervention service to families.**

Some of the reasons for working with newborns and their families include:

1. The opportunity for the family to get off to a good start.

2. The statistics on physical abuse and neglect indicate that children under two are at the highest risk.

3. Research indicates that the risk of abuse or neglect can be reduced if a continuum of Family Support Home Visiting can be provided early to the family, before dysfunctional relationship patterns have developed between parent and child.

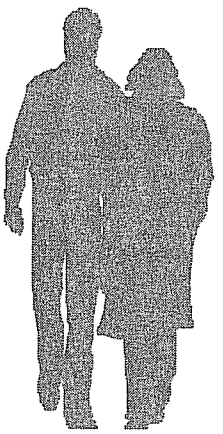
4. The first 2-3 years of a child's development are the most crucial. It is during this time that human attachments are formed. This is a critical period for the development of motor skills, cognitive skills, speech, emotional connections, and early identity. There are critical periods for some of these developmental milestones, and if the developmental window closes without the appropriate neural pathways being set, the child is likely to experience difficulties in many areas of functioning throughout his/her life. Working with families to realize developmental potential is urgent during the first three years.

5. While research on prenatal influences indicates significant risk to many infants before birth, practically, for many families, the time that they are in the hospital having the baby may be the only opportunity for support programs to identify them and reach out.

With families who have already been identified by one or more systems, and who may already be experiencing involvement with the child welfare system, family support home visiting programs can provide an early intervention which may help the family develop new skills to avoid exacerbation and future occurrences of the problems they are experiencing. For this reason, family support home visiting services can be initiated both as a form of prevention, prior to adverse index events such as child abuse or neglect, or as an early intervention to help families avoid future occurrences and learn new coping approaches.

III. PROGRAM COMPONENTS AND MINIMUM STANDARDS

Five components are considered essential to the functioning of the California Safe and Healthy Families Program/ Family Support Home Visiting Model:



COMPONENT 1 COMPREHENSIVE SERVICE ARRAY

- Systematic assessment
- Individualized family centered service plan
- Intensive home visiting
- Child health development monitoring/intervention
- Center based activities
- Linkage to primary health care
- Using community resources
- On-going problem solving case coordination

COMPONENT 2 MULTI-DISCIPLINARY TEAM SERVICE DELIVERY

- Who is on the team
- Team roles
- Managing the caseload
- Maintaining the quality

COMPONENT 3 BALANCED CASELOAD SIZE AND INTENSITY

- Level I
- Level II
- Level III
- Level IV
- Crisis Level

COMPONENT 4 ONGOING TRAINING AND SKILL DEVELOPMENT

COMPONENT 5 LOCAL FLEXIBILITY

A. COMPONENT 1: Comprehensive Service Array

The Cal-SAHF model utilizes both in-home and center based services, delivered by a multi disciplinary team. The services include, but are not limited to:

Systematic Assessment

In order to provide preventive Family Support Home Visiting, an organization must be able to identify a population at risk, either on the basis of demographic factors (e.g., poor, single, teen, substance abuse, depression), or on the basis of a risk assessment checklist. Many home visiting programs utilize "demographic screens", serving families with the identified risk characteristics in a given geographic area. In other cases, risk checklists or standardized instruments are used to identify families who could benefit from Family Support Home Visiting.

Regardless of the method used to identify families, once they enter the program a systematic assessment of functioning on several dimensions must take place. Use of standardized instruments is strongly encouraged, since these measures provide the home visitor and team leader with an idea of how the family is doing relative to a larger population, and permit pre and post comparisons of how the family has done while in the program.

Family Centered Service Plan

On the basis of the assessment, a plan which addresses the unique needs of the family needs to be developed. The Cal-SAHF model is intended to promote family empowerment. The family should actively participate in identifying goals and choosing measures by which the home visitor and family will know that the goals are being met. This plan should be reviewed regularly by the home visitor and the team leader. The

service plan serves as a guide for the team and the family and should be reviewed often. At least quarterly, there should be a formal assessment of the plan to assure that the goals continue to be appropriate, and to assess progress in meeting the goals. The plan should address the personal, developmental, interpersonal, and environmental needs of the family and take into account important contextual factors such as the family's culture, language, social, and economic supports.

Intensive Home Visiting

Home visiting is the service delivery strategy for providing a wide range of supportive services based on goals identified in the family centered service plan. At the most intensive level, home visiting takes place weekly. The home visitor provides support, modeling, information and education, and assists the family in learning how to identify and utilize resources in the community. The home visitor has available the resources of specialists in parent education and development, child development, and health. These internal "consultants" help with assessing barriers, identifying resources, and offering techniques and suggestions to help families learn new skills. The home visitor is the member of the team who maintains a relationship and on-going contact with the family, but the skills and resources of all team members are available to assist the family in meeting its goals.

Child Health and Development Monitoring/Intervention

Because of the critical role early attachment and early learning plays in the child's later ability to function adaptively, it is essential that children in overburdened families be assisted in every way to meet their developmental potentials. Child development specialists evaluate the parent/child relationship and observe the child's functioning on a

variety of developmental dimensions. When problems are identified, the child development specialist works with the home visitor and the parent to develop a plan of intervention, which may involve developmental testing and other special services.

Center Based Activities

While home visiting is the centerpiece of Family Support Home Visiting, in order to apply what they are learning in a supportive environment, families are encouraged to combine their home visiting experience with center based services. This gives the family a chance to practice new skills in a safe environment and to begin to move out of the isolation that many of these families experience. Social isolation is a significant problem in these families, not only because it creates stress in and of itself, but because without the input of others, parents often make poor decisions in managing their daily activities.

Structured Parenting Classes and Parent Support Groups

Many overburdened families have attended parenting classes. Most of these classes have excellent curricula and provide good common sense information on a variety of family topics. However, many overburdened families have difficulty translating what they have learned in these classes into day to day life in their own homes. For this reason, we have developed an integrated series of highly structured parent groups which incorporate didactic and experiential elements and focus very heavily on helping parents to integrate the material they are learning. Every aspect of the group process, including the transportation and signing in, and the details of group operation are carefully geared towards teaching and providing parents with a structured environment to practice what they are learning in the class and from the home visitor.

Children's Groups

For families with children over the age of six, special groups for the children, teaching them important social skills and helping them learn to respond to the new skills their parents are learning play an important role in helping families to break out of a spiral of helplessness and poor relating. Children learn how to identify and express their needs, work cooperatively with others, handle stress and anger, and develop self regulation skills.

Younger children and their parents are invited to attend "Play and Grow" groups before parenting group. Here the parents can observe other children and receive practical hints about how to enhance their child's development. For many overburdened parents, who themselves were poorly nurtured, it is necessary to actually teach them to tune in to their children and to play with their children.

Child Enrichment

Many of the families who most benefit from Family Support Home Visiting cannot afford child care, and many of them make poor decisions about child care. In order to assure that the children are safe while their parents are in groups, the program offers child enrichment, which involves child development activities for younger children while their parents attend parenting groups. An additional benefit of providing the child enrichment program is that staff have an opportunity to observe the children and identify concerns for the home visitor to follow up if necessary.

Transportation

Because many overburdened families have significant transportation barriers, transportation to groups and other center based activities is an important component of providing Family Support Home Visiting. However, a careful balance between

dependence and autonomy needs to be managed, and families are encouraged as part of their work with the program to begin identifying alternatives and developing plans to get themselves to the center based activities. Transportation is an excellent way to work in a protected setting with the families on planning, problem solving, and other skills which will help them not only in their parenting, but in other important areas of their daily lives.

Linkage to Primary Health Care

Frequently, overburdened families do not access health care appropriately or timely, for a host of reasons, ranging from lack of knowledge to lack of medical insurance. This leads to health crisis, negative developmental consequences for children, and other adverse outcomes (e.g., missing school). Frequently these families do not have a "medical home", a primary care doctor or clinic providing well-child care and who is familiar with the health and development of family members. An important part of the family support program is teaching the family self care skills, including good health and hygiene practices, and assisting them with identifying and accessing a primary care health provider.

Using Community Resources

Overburdened families often have difficulty accessing existing community resources. Sometimes minor barriers or misunderstandings result in the family not accessing needed services. Sometimes they become familiar with one provider and try to use that provider for everything. They often have difficulty articulating their needs in a way in which helping organizations can respond effectively, and frequently jump from one crisis to the next in an attempt to get help for themselves.

On-going Problem Solving Case Coordination

On-going problem solving case coordination, in the context of Family Support Home Visiting, represents the activities of the home visitor and the team which assist the family in resolving day to day logistical problems, negotiating systems, and linking activities to the service plan. On-going problem solving case coordination responsibilities range from brokering resources to advocating for the family as it negotiates the many systems with which it is involved.

B. COMPONENT 2: Multi-Disciplinary Team Service Delivery

Who is on the team?

A team consists of the following members:

- ❑ Team Leader/Supervisor
- ❑ 4-5 Home Visitors, both professional and paraprofessional
- ❑ Specialists*
  - ★ Nurse
  - ★ Child Development Specialist
  - ★ Group Coordinator/Parent Educator
  - ★ Mental Health, Substance Abuse, Vocational Specialist
- ❑ Child Enrichment Aides
- ❑ Volunteers

* The Specialists can be shared by two teams in programs with more than one family support team operating. The Specialists serve as expert consultants to the team, sharing their training, knowledge and expertise with the home visitors, who serve as the main point of contact with the families.

What are the roles of team members?

TEAM LEADER

The team leader should be an experienced professional with a good knowledge of human development family dynamics, and psycho social assessment and intervention. The team leader should have a strong theoretical background which includes child and adult development, and should be familiar with clinical intervention models, particularly cognitive and problem solving approaches. The team leader is responsible for overall management of the team's caseload, monitoring quality, assessing risk, deploying staff, and assuring that service plan goals are being met. The team leader must possess strong supervisory abilities and experience, and be skilled in managing small group process, including maintaining staff engagement and motivation, conflict management, and staff development and mentoring.

HOME VISITOR

The home visitor develops a relationship with the family and works with the family to build upon strengths and to enhance self sufficiency. The home visitor utilizes community resources, in home teaching, and supportive problem solving to help families meet the goals of their service plans. The home visitor must have the capacity to engage the family and yet maintain the boundaries of a helping relationship. Home visitors have good problem solving skills and are able to work with families to empower them to engage in problem solving.

NURSE

The nurse provides consultation to the home visitors on the team regarding good health practices, accessing medical services, and information about health conditions. The team nurse will be responsible for outreach and liaison with primary health care providers and will serve to connect families to a "medical home". Additionally, the nurse will go on home visits, coordinate health education for families and serve as a link between primary health care providers and the family support team.

CHILD DEVELOPMENT SPECIALIST

The Child Development Specialist is trained in early childhood development, and serves as a resource for parents and team members. The child development specialist provides training and resource materials for the home visitors to use with the families, goes on home visits to assist in assessing and monitoring child development, and coordinates the child development and Play and Grow groups.

GROUP COORDINATOR

The Group Coordinator develops and updates the curriculum for parenting groups, and coordinates group facilitators to assure fidelity to the structured group model. The coordinator is responsible for training, coordinating child enrichment and transportation, facilitating some groups, and assuring that home visitors are aware of issues requiring follow up.

OTHER SPECIALISTS

Depending upon the populations served, a Cal-SAHF program might find it useful to include specialists with expertise in a variety of areas such as mental health, education, vocational development, substance abuse, and other fields. These specialists would serve as consultants to the team, and would provide education, insight and assistance with assessment and case planning, and targeted interventions in situations in which the team determines such interventions appropriate.

CHILD ENRICHMENT AIDE

The Child Enrichment Aide provides child enrichment to children five and under while parents are in groups and classes. The Child Enrichment aide is responsible for observing the child's behavior and for informing the team leader and home visitor of concerns and observations.

VOLUNTEERS

Volunteers can be an important part of the Cal-SAHF team and can play a variety of roles. Volunteers can assist with the groups and child enrichment in the center based components of the program. They can carry out administrative tasks, such as scheduling transportation and registering participants in the center based groups. Volunteers can also work with a home visitor to offer additional support in the home to families who require more intensive contact. Other roles that volunteers might play include sharing specialized expertise in recreation, crafts, education, and other areas.

While the team listed above serves as the **"core" family support team** it is important for all team members to recognize and value the role of community supports such as relatives, friends, social service agencies, educational institutions, public agencies, and health care professionals. These individuals and organizations play a vital role in meeting the unique needs of the family and should be included as appropriate in planning and decision making in order to assure continuity and comprehensiveness of services for the family.

How the team works

Members of the team bring different educational, professional, and life experiences to their work with families. The primary contact person with a family is usually the home visitor. While the nurse, child development, and other specialists also perform home visits, they primarily serve as consultants and assist in identifying and assessing situations requiring intervention. The team members provide training and consultation to each other on every case through the team meetings, supervision, and formal trainings. Additionally, all team members maintain an "open door" policy so that their colleagues can consult with them informally throughout the day. Curriculum elements related to health, child development, psycho social assessment and functioning, are constantly reviewed and developed by the team specialists. The specialists serve as consultants, trainers, and standard setters in their respective areas, and are available to make home visits as an integral part of a family's over-all plan. The home visitor makes use of these resources in developing a service plan, monitoring progress, and intervening when necessary.

The team meets weekly and reviews all of its cases. At the team meeting, decisions are made as to whether the child development specialist, the team leader, or another home visitor might be needed to assist in accomplishing the family's goals at a given time. The team leader also meets with each team member individually and reviews their cases. Team leaders review family service plans and bring them to the team for review on a quarterly basis.

Team meetings are key to the effective functioning of the team in providing support to overburdened families. Essentially, the entire team is responsible for the caseload, although each home visitor is assigned to 25 specific cases and serves as the key contact point for these families. The Nurse and Child Development Specialist serve as resources for the entire team, providing information, materials, education, and case management related to specialized developmental and health needs. They also do home visits and work with the home visitors to identify developmental and health care issues and provide input into the individualized family plans. The group coordinator works with the team to integrate the center based activities with the home based activities.

Team meetings must occur weekly in order to manage the team's caseload. These meetings should take place at a regular time and in a setting which will permit the team members to be available for a minimum of two hours. During the team meeting, the team discusses its cases, clinical issues, quality management, policy and procedural issues, and provides support and education to the team members.

Supervision

In addition to the group supervision which occurs in the team meetings, each team member receives regular weekly individual supervision. Two hours of formal individual supervision is required for all team members. During supervision, each case is reviewed, service plans are monitored and updated, and decision about the family's service level are made. The team leader should maintain an "open door" policy, assuring that informal supervision is available during the periods between meetings. Home visitors and other team members are encouraged to review concerns or questions about cases at any time. The team leader is on call during the evenings and weekends to provide guidance to home visitors if any of their assigned families experiences a crisis. It should be noted that a service delivery goal is to help families to problem solve and think ahead so that crises are rare events.

It is important for the team leader to clearly understand the relationship between the program's conceptual base and the goals and objectives of service delivery. Supervision is most effective when the team leader is familiar with the conceptual model, and is able to maintain consistency and flexibility within the model. The team leader guides the home visitor in developing an individualized approach to each family and helps the home visitor to establish and maintain appropriate boundaries with the families he/she serves.

Along with team meetings and regular weekly supervision, team members are encouraged to utilize peer supervision and to share insights and resources with each other. In an atmosphere of trust, respect, and learning, team members are able to help each other identify the needs of families, develop individualized service plans, maintain consistency and continuity for the families, and deal with changes and crises in a way which helps each team member to work most effectively with their assigned families.

Maintaining quality

Continuous quality improvement is an integral part of every team meeting. Issues regarding program operation are reviewed and procedures are improved as needed. Every case is reviewed weekly by the team, in addition to the team leader's weekly review of caseload activity with each team member. On a quarterly basis, the team leaders review each other's files for completeness and fidelity to the model. Incident reports are done regularly. High risk cases are reviewed by all team leaders and crisis situations are reviewed by the team leaders and administrators as needed.

C. COMPONENT 3: Balanced Caseload Size and Intensity

A team of five home visitors can serve 125 families at a time. Each home visitor carries a caseload of not more than 25 cases. The caseload includes families receiving

services at different levels of intensity. Families are in the program for up to three years, progressing towards increased independence. Generally, the first year includes six months at Level I (highest intensity), six months at Level II, and up to one month of intensive, crisis oriented services during the year. Year two includes six months at Level II, six months at Level III, and up to one month of intensive, crisis oriented services during the year. The third year includes six months at Level III, six months at Level IV (lowest intensity), and up to one month of intensive, crisis oriented services during the year. The service levels are summarized in Table 1.

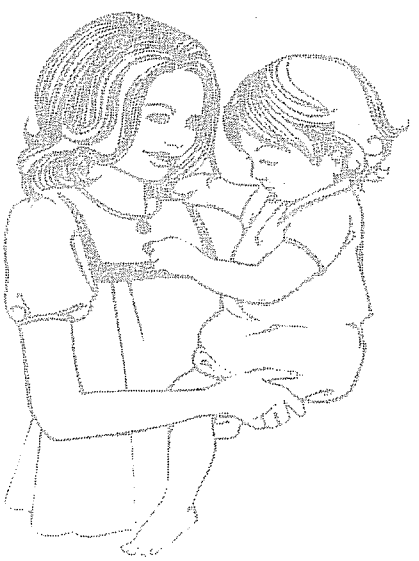


Table 1: SERVICE LEVELS

Level I	Average of 3-4 Home Visits per Month per Family Weekly Parent Groups..... with child enrichment, Play and Grow, and child development groups Monthly visits from the team nurse On-going problem solving case coordination Crisis services as needed: Periodically some families in crisis require additional visits, on-going problem solving case coordination, and intervention for a short duration of time. We define crisis levels as intensive home visiting, up to 3-4 visits a month, and intensive on-going problem solving case coordination.
Level II	Home visits every other week (2 per month) Weekly Parent Groups ..... Visits from the team nurse monthly or every other month, depending on need On-going problem solving case coordination Crisis services as needed: Periodically some families in crisis require additional visits, on-going problem solving case coordination, and intervention for a short duration of time. We define crisis levels as intensive home visiting, up to 3-4 visits a month, and intensive on-going problem solving case coordination.
Level III	Monthly home visit (1 Home Visits a Month) Weekly groups ..... Monthly or every other month visits from the team nurse, depending on need On-going problem solving case coordination Crisis services as needed: Periodically some families in crisis require additional visits, on-going problem solving case coordination, and intervention for a short duration of time. We define crisis levels as intensive home visiting, up to 3-4 visits a month, and intensive on-going problem solving case coordination.
Level IV	Home visits–quarterly or every other month, depending on need 2 group meetings per month ..... Every two months, or quarterly visits from team nurse, depending on need On-going problem solving case coordination Crisis services as needed: Periodically some families in crisis require additional visits, on-going problem solving case coordination, and intervention for a short duration of time. We define crisis levels as intensive home visiting, up to 3-4 visits a month, and intensive on-going problem solving case coordination.

D. COMPONENT 4: Ongoing Training and Skill Development

Working with overburdened families is difficult and requires a great deal of knowledge and skill. In order to assure that staff are functioning at their best, the program model includes a strong commitment to training. There is an intensive pre-service training module which includes the basic elements of the service model, as well as information about human development and some of the problems facing overburdened families. Staff also receive a minimum of one training per month, and are encouraged to attend one or more of the home visiting conferences held within the state annually.

E. COMPONENT 5: Local Flexibility

Staff availability, barriers, resources, and the cost of living will vary from community to community. For this reason, as communities implement this model they will most likely identify local modifications which fit the community's needs. For instance, in rural areas, a lower cost of living will allow programs to offset higher home visitor transportation costs. This is to be encouraged, since it is not possible to develop a "one size fits all" model. Nevertheless, the key components described above must be in place in order to participate in this model. There is flexibility in the way that the components are implemented, but they must all be present. The ways in which Family Support Home Visiting services interact with other systems and providers in the community are illustrated in Diagram 1.

It is expected that there will be local differences in the service mix and method of delivery, and therefore, the budget has been developed to maintain some flexibility. Local needs, costs, and geography will account for many of the variations. The budget

is intended to allow for some adjustments in design to meet local circumstances. However, a fundamental standard which must be maintained is the intensive home visiting component. For example, if a program is providing home visiting for families at Level 1, they must provide a program with a plan for a minimum of three home visits per month, or they will be out of compliance with the proposed model.

Diagram 1:

IV. EVALUATION

Two types of evaluation are planned for the California Safe and Healthy Families Program/ Family Support Home Visiting Program:

1.	Process Evaluation	looks at what is done, to whom, how often, and for how long.
2.	Outcomes Evaluation	looks at outcomes in a number of key areas: child health and development, parental outcomes (school, employment, etc.), child abuse reports, and cost benefit.

V. PROGRAM COST ESTIMATES CALIFORNIA SAFE AND HEALTHY FAMILIES PROGRAM/ FAMILY SUPPORT HOME VISITING MODEL

Estimated Three Year Capitated Program Costs--$7,200 Model

Supervision: One supervisor/team leader for every five home visitors. The team leader also supervises the specialists and assures that both the in home and center based programs are operational
Home Visitors: Mixed Model: professionals and paraprofessionals
Caseload Size: Maximum of 25 Families per home visitor
Duration: Three Years at @ $200 per month/per family
Intensity: Ranges from Level 1-Level 4

* Cost varies based on level of intensity, periods of crisis, and level of client need. The estimated budget is presented as a guideline to assist Counties and organizations interested in the Cal-SAHF Model in establishing program costs.

THREE YEAR AVERAGE COST PER FAMILY	DURATION	COST	YEAR 1 6 MONTHS LEVEL 1 6 MONTHS LEVEL 2	YEAR 2 * 6 MONTHS LEVEL 2 6 MONTHS LEVEL 3 UP TO 1.5 MONTHS CRISIS LEVEL 1	YEAR 3* 6 MONTHS LEVEL 3 6 MONTHS LEVEL 4 UP TO 2 MONTHS CRISIS LEVEL 1
Level 1	6 months	$1,412			
Level 2	6 months	$1,078	**$ 2,490**		
Level 2	6 months	$1,078			
Level 3	6 months	$ 994		**$ 2,425**	
Level 3	6 months	$ 994			
Level 4	6 months	$ 695			**$2,159**
Annual cost			**$2,490**	**$2,425**	**$2,159**

* The cost of each program year incorporates crisis services for up to one month, and allows for flexibility to accommodate local circumstances.
** Rounding Error

Program Description Level 1

SERVICE	AVERAGE MONTHLY COST
Home Visits/Month	$75
Supervision: individual	$25
Supervision: weekly team	$5
Support group meetings/month	
Group Facilitator	$7
Child Enrichment Aides	$3
Child Development Groups	
Group Facilitator	$7
Child Enrichment Aides	$3
Nurse Home Visits	$60
Transportation to groups/trips per family/month	$22
Home Visitor Mileage/family/month	$8
DIRECT COST PER FAMILY/MONTH	$214
+ 10% Overhead (supplies, rent, utilities, other operating costs)	$21
TOTAL COST PER FAMILY/MONTH-level 1	$235

Program Description Level 2

SERVICE	AVERAGE MONTHLY COST
Home Visits/Month	$51
Supervision: individual	$26
Supervision: weekly team	$5
Support group meetings/month	
Group Facilitator	$7
Child Enrichment Aides	$3
Child Development Groups (ages > 6)	
Group Facilitator	$7
Child Enrichment Aides	$3
Nurse Home Visits	$32
Transportation to groups/trips per family/month	$22
Home Visitor Mileage/family/month	$8
DIRECT COST PER FAMILY/MONTH	$163
+ 10% Overhead (supplies, rent, utilities, other operating costs)	$16
TOTAL COST PER FAMILY/MONTH--level 2	$180

* Rounding Error

Program Description Level 3

SERVICE	AVERAGE MONTHLY COST
Home Visits/Month	$35
Supervision: individual	$26
Supervision: weekly team	$5
Support group meetings/month	
Group Facilitator	$8
Child Enrichment Aides	$3
Child Development Groups	
Group Facilitator	$8
Child Enrichment Aides	$3
Nurse Home Visits	$33
Transportation to groups/trips per family/month	$22
Home Visitor Mileage/family/month	$8
DIRECT COST PER FAMILY/MONTH	$151
+ 10% Overhead (supplies, rent, utilities, other operating costs)	$15
TOTAL COST PER FAMILY/MONTH--level 3	$166

* Rounding Error

Program Description Level 4

SERVICE	AVERAGE MONTHLY COST
Home Visits/Month	$13
Supervision: individual	$26
Supervision: weekly team	$5
Support group meetings/month	
Group Facilitator	$5
Child Enrichment Aides	$2
Child Development Groups (ages > 6)	
Group Facilitator	$5
Child Enrichment Aides	$2
Nurse Home Visits	$17
Transportation to groups/trips per family/month	$22
Home Visitor Mileage/family/month	$8
DIRECT COST PER FAMILY/MONTH	$105
+ 10% Overhead (supplies, rent, utilities, other operating costs)	$11
TOTAL COST PER FAMILY/MONTH--level 4	$116

*Rounding Error

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VII. ACKNOWLEDGMENTS

The conceptualization, implementation, and dissemination of the California Safe and Healthy Families Family Support Home Visiting model was possible through the support, guidance, and expertise of many individuals. While it is not possible to individually thank all of those who have participated in the work leading up to these manuals, there are several individuals and institutions whose involvement has made the manuals possible:

Eloise Anderson, the Director of the CDSS, has exerted thoughtful leadership which has resulted in new ways of thinking about families at risk. Her very human understanding of the problems faced by overburdened families as they try to move off welfare has fueled creativity and new thinking about effective service systems. Particular thanks go to Marjorie Kelly, Deputy Director of the Children and Family Services Division, CDSS, for her sage interest and support, which have been instrumental in developing California's home visiting programs, research, conferences, and the California Safe and Healthy Families Program/Family Support Home Visiting Model. Thanks also to Eileen Carroll, Office of Child Abuse Prevention, a true star, for her energy, her intelligence, and her support as we've struggled with concepts, logistics, and funding considerations in developing a model that is both high quality and cost effective.

I would like to thank Children's Hospital, and in particular, the Center for Child Protection for providing the vision and institutional base for the development of high quality family support programs. Dr. David Chadwick, Director Emeritus of the Center for Child Protection has been a support, a mentor, and an incredible font of knowledge and resources as we have developed the program model. Geri Beattie, Manager of the Center for Child Protection, whose problem solving skills and practical, down to earth approach to things keeping the program on target, has been a lynchpin in the development of the family support programs and these manuals. Dr. John Landsverk, the Principal Investigator for the Healthy Families San Diego, has provided invaluable guidance in the development of the model and has been a good friend and colleague. Bill Ganger deserves special recognition for his amazing patience as we created a data base for the family support programs "on the run".

The Staff of the Center for Child Protection Family Support Programs has done an incredible job of keeping up with their caseloads, giving of themselves, and providing the glue which holds the program together. Special thanks go to the Team Leaders for their professionalism, pragmatism, and untiring efforts to provide the best service possible to our families. All of the staff in the Family Support Programs played an important role in developing the model, and particularly the center based curriculum. Christine Pemberton from the South Bay Home Support Project at Children's Hospital San

Diego deserves special mention for having endured the difficulties of living in an evolving model and maintaining her good humor.

And finally, the funders of the CCP Family Support Programs must be acknowledged and thanked for their confidence in our work:

- The County of San Diego Children's Services Bureau
- The State of California Department of Social Services Office of Child Abuse Prevention
- The Wellness Foundation
- The Stuart Foundations
- The California Endowment.

The community partners with whom we work daily and share projects have earned the respect and gratitude of the family support staff as the programs have grown and the model has been further articulated.

It is truly the collective efforts of all of the individuals and groups mentioned, along with our clients and community partners, that have made it possible to prepare these manuals outlining a model for Family Support Home Visiting Services.

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School of Social Work
April,1998