IMPLEMENTATION PLAN
2012 – 2017 Veterans and Human Services Levy:
Activity 4.1.B Healthy Start

1. Goal

Increase self-sufficiency of veterans and vulnerable populations

2. Strategy

Strategy Four of the Veterans and Human Services Levy Service Improvement Plan (SIP) is “Strengthening Families”.

3. Activity

The 4.1.B Healthy Start described below is one of two activities funded under Strategy 4.1 “Home visiting”.

4. Service Needs, Populations to be Served, and Promotion of Equity and Social Justice

   a) Service Needs

   Adolescent pregnancy and births present multiple social and health risks to both infant and mother. Infants born to mothers under age 18 have increased risk of death and low birth weight. Both the mother and the child tend to have fewer educational, economic, and social opportunities. The younger the mother, the more likely such problems will occur (Communities Count, Social and Health Indicators Across King County, 2005). Healthy Start’s prevention services focus on young parents—primarily teen mothers—expecting or parenting their first child. Young first-time parents benefit from home visiting to increase: healthy, effective parenting skills; knowledge of child development of children prenatal to age three; and family independence.

   b) Populations to be Served

   Healthy Start enrolls primarily low-income families in which at least one parent is 22 years of age or younger, and who are expecting or parenting their first child. Participants may enroll any time after the mother first knows she is pregnant until the child is six months old. Exceptions on child’s age will be considered to accommodate families with exceptional needs. All cases of exceptional need must be approved by the King County prior to enrollment.
Healthy Start is the largest Parents as Teachers program in Washington State. In fiscal year ending June 30, 2011 Healthy Start served 298 King County families (in addition to 75 South Snohomish County families with non-Levy funds). The King County families served live primarily in North King County, Seattle, East King County and the Renton area. As King County moves out of recession, Healthy Start is positioned to also provide services further south in King County.

c) Promotion of Equity and Social Justice

The Equity and Social Justice Ordinance requires King County to consider the impacts of its policies and activities on its efforts to achieve fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency.

i) Will your activity have an impact on equity?

Healthy Start has a positive impact on equity as it serves young, low income families and has consistently been successful in delaying the birth a second child for at least 24 months in over 90 percent of our families. In FY 2010-2011, 98 percent of Healthy Start families delayed a second birth.

ii) What population groups are likely to be affected by the proposal? How will communities of color, low-income communities or limited English proficiency communities be impacted?

Two family generations are affected by Healthy Start: first-time parents under age 23 and their babies (prenatal to age 36 months). Home visitors work with the parents on setting goals in many areas, but especially education and employment, since parents have often not completed high school and will be unlikely to secure a living wage job in King County without at least a high school diploma or GED. The child in these families will receive the benefit of the Parents as Teachers (PAT) new Foundational Curriculum (updated from the PAT Born to Learn 2005 Curriculum) which incorporates ongoing updates on brain development to the curriculum for children prenatal to age five. The PAT Foundational Curriculum is available online as of January 2012 so that updates can be provided quickly and cost effectively to PAT providers.

In a typical year, about two-thirds of Healthy Start families served are teenagers (under age 20) who are low or very low income. Ninety percent of our total families are low or very low income. Each year, 50-55 percent of Healthy Start families are Hispanic, 25-30 percent are Caucasian, 3-6 percent each are Asian, African American, and Native American. In addition, 4-6 percent are Mixed Race and 1 percent are Pacific Islander. Forty to forty-five percent are immigrants or refugees and just 5 percent are homeless (due primarily to Healthy Start’s efforts obtain housing for these families). These parents are impacted by: delaying second births for at least 24 months; developing nurturing relationships with their child; increasing healthy, effective parenting skills; promoting family independence; and reducing incidents of child abuse and neglect.

iii) What actions will be taken to enhance likely positive impacts on these communities and mitigate possible negative impacts?
The financial crisis and subsequent recession has had many negative impacts on our vulnerable clients. Our families are under greater stress and the average length of stay in the program is much longer than prior to the recession. In 2007, the average time a family spent in the program was 19 months. In FY10-11, it was 26 months of program participation. PAT requires at least 50 minutes for a home visit. In FY 10-11, the average length of a Healthy Start home visit was 84 minutes. The Healthy Start model is able to mitigate negative impacts by being able to nurture our families longer in duration of both the individual home visit and the length of service.

5. Activity Description

The Healthy Start mission is to strengthen young families and to promote the health and success of their young children. Healthy Start was created in 1994 as a collaboration to provide direct services in geographic areas defined by school district boundaries. The original funding for Healthy Start was from the King County Children & Family Commission. Current partner agencies that deliver Healthy Start services include: Friends of Youth (lead agency and fiscal agent), Northshore Youth & Family Services, Center for Human Services, Youth Eastside Services and Renton Area Youth & Family Services. An Advisory Board oversees Healthy Start, with member representatives from each of the agencies as well as representatives from the community.

Healthy Start provides two delivery models for home visiting services: Parents as Teachers visits conducted by Family Support Specialists for our high-risk families (90 percent of families) and visits by volunteer Parent Mentors who are paired with a family that has no more than one risk factor (10 percent of families). The Parent Mentor Coordinator trains and supervises the Parent Mentors and incorporates as much evidence-based mentoring practices into the program.

Healthy Start home visitors (Family Support Specialists) have either BA or MA degrees in areas such as early childhood education, sociology, psychology, or social work. To be hired by Healthy Start, they must have worked directly with families and young children for at least two years and must complete the Parents as Teachers trainings. The Family Support Specialists are supervised by MA level staff at each of our six sites.

Healthy Start implements the four evidence-based components of the Parents as Teacher Foundational Curriculum:

- Home visiting is the program’s core component and provides parenting education and support totaling about two-thirds of direct service hours. Each home visit includes five segments.
  1. Opening – builds rapport with the family and re-establishes the parent/home visitor partnership;
  2. Parent-Child Interaction – coaches parents in ways to encourage child development and sustain parent-child interaction during an age-appropriate activity;
  3. Development-Centered Parenting – facilitates the discussion of a child development topic (shares parent handouts, addresses parent questions and concerns, reflects on correlation between parent behavior and child behaviors);
  4. Family Well-Being – discusses a broad range of family needs and wishes, facilitating their decision making;
5. Closing - reviews visit, acknowledges what has been accomplished, and determines future directions.

Frequency of PAT visits can be monthly, bi-monthly or weekly, depending on the needs of the family. For calendar year 2011, 73 percent of PAT home visits were monthly, 23 percent bi-monthly and 4 percent weekly. The frequency of visits may increase at any point to provide support during a crisis.

- Screenings – Developmental, Hearing and Vision: Developmental screenings are completed at 6-month intervals by the parent(s). This self-administered tool, Ages and Stages, evaluates developmental stages and emotional and social benchmarks for the child. The child is also screened for hearing and vision issues, and referrals are made for further assessment or medical follow-up as needed. The home visitor follows the child’s progress and incorporates any special needs into the support strategies.

- Case Management: Family Support Specialists provide extensive case management and referrals to an array of needed community resources. Healthy Start helps families set and reach a broad range of family independence goals, including furthering their education, finding employment opportunities, and securing safe housing. This component is critical to helping these young families prepare to find living wage employment in King County. The Family Support Specialists also refer families to appropriate services to meet a variety of health and social needs, such as obtaining medical specialists, childhood immunizations or mental health counselors.

- Group Activities are offered at least monthly at the six service sites and include support groups and family recreational outings. These activities help reduce social isolation and encourage friendships with other parents in the same stage of family life.

Parents may enroll while pregnant or until their child is six months old. Healthy Start serves families during pregnancy and until the child is three years of age. Services are fully accessible to people with disabilities and provided in either English or Spanish. Participation is voluntary.

Healthy Start will:

- Provide intensive home-based services to at least 160 young families a year. The services shall be provided monthly during the pregnancy and monthly, bi-weekly or weekly depending on the needs of the family following the birth of the child. Typically visits are weekly for several months when the baby is a newborn. The frequency of services will vary depending on the needs of the family.

- Provide and/or facilitate opportunities for parents at each partner agency site to participate in a variety of group activities including support groups, recreational outings, and celebrations. Typically, the group activities are monthly.

- Engage at least 90 percent of families to screen their child’s development using Ages and Stages.

6. Funds Available

The 2012 Service Improvement Plan identified the following allocations for this activity.
A total of $270,000 is available in 2012 to implement this activity. Additional funds will be available annually through 2017 based on the activity’s performance.

7. Evidence-based or Promising Practices

With funding from the Missouri Department of Elementary and Secondary Education and the Danforth Foundation, Parents as Teacher began in 1981 in Missouri as a pilot project for first-time parents of newborns. Missouri educators had noted that children began kindergarten with varying levels of learning readiness. In a 2006 study of Missouri children who participated in Parents as Teacher and other early childhood experiences, researchers investigated the impact of pre-kindergarten services on children’s readiness for school and performance on state assessments at the end of third grade. (The Parents as Teacher Program: Its Impact on School Readiness and Later School Achievement by Judy Pfannenstiel and Edward Zigler).

Specifically, if children in poverty participated with high intensity in Parents as Teachers and preschool (a minimum of two years in Parents as Teachers and one year in preschool), virtually the same percentage of them (82 percent) were ready for kindergarten as were their non-poverty peers with no preschool experience or Parents as Teachers participation (81 percent). The added value of Parents as Teachers carries over to third grade achievement, particularly for poor children.

Although Parents as Teachers has not funded the breadth and depth of research that Nurse Family Partnership has, the federal government does identify Parents As Teachers as in the top tier of evidence-based home visiting programs. The three top-tier home visiting programs in Washington State service providers include Nurse Family Partnership, Parents as Teachers, and Early Head Start with a home visiting component. In 2007, the King County Children & Family Commission funded the design of a longitudinal study for Healthy Start PAT families comparing it to a control group of families that had not had PAT or other early intervention services. Since the recession, Healthy Start has focused on maintaining services rather than funding this research project.

All Healthy Start Family Support Specialists are certified in the Parents as Teachers Foundational Curriculum and meet the ongoing professional training requirements required by PAT. Healthy Start sends an annual report to PAT, documenting adherence to the model. The Parents as Teacher model upgrades its curriculum on an ongoing basis as new brain research results and other parenting information becomes available.

Most Healthy Start families are enrolled prior to the birth of their baby. When a family moves to another location in King County, Healthy Start generally retains the same home visitor even though the distance to the home has increased. Changing to a new home visitor often will lead to the family leaving the program early. If a home visitor leaves Healthy Start employment, we work hard to have the new home visitor and the exiting staff member complete at least one joint home visit with each family in the caseload. The PAT caseload is 25 families per 1.0 FTE Family Support Specialist.
8. Service Partnerships

Each of the five partner agencies in Healthy Start serves a geographic area defined by school district boundaries. Northshore Youth & Families Services in Bothell serves North King County families and the Center for Human Services in Shoreline serves North King County and Seattle families. (With other non-Levy funding, both these agencies also serve South Snohomish County.) Youth Eastside Services in Bellevue serves East King County and Renton area families. The Friends of Youth program in Issaquah and Snoqualmie serves East King County families. Renton Area Youth & Family Services serves Renton area families.

Healthy Start families benefit from our partnership with Eastside Baby Corner (EBC) to provide diapers, formula, safe car seats, safe cribs, maternity and baby clothes, and children’s books. Each week our Family Support Specialists can place an EBC order and someone from each agency picks up their order. Especially in the early months of serving a new family, the concrete baby items help cement the relationship with Healthy Start.

Healthy Start has a well-developed referral network including public health clinics, area hospital social worker, school counselors, partner agencies seeing a client for a different service, and our parents refer their friends. To refer a family, the referral source completes our referral form or calls our central number and our Program Information Coordinator (PIC) takes the information over the telephone. Our staff then sends the referral to the partner agency closest to the family’s home address. The Supervisor assigns the Family Support Specialist and she contacts the family.

In addition to the King County Veterans & Human Services Levy, which is our largest funder, Healthy Start receives funding from: Home Visiting Services Account; United Way of King County; United Way of Snohomish County; the Cities of Bellevue, Issaquah, Kenmore, Kirkland, Redmond, Renton, Sammamish, and Shoreline; Washington Women’s Foundation, Whitehorse Foundation, Northwest Children’s Fund, Horizons Foundation, Everett Clinic Foundation and One Family Foundation.

9. Performance Measures

The following performance measures were identified by the Levy’s Evaluation Team.

<table>
<thead>
<tr>
<th>Service Outputs/ Measures</th>
<th>2012 Target(s)</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons assessed</td>
<td>300</td>
<td>Report Card – Services</td>
</tr>
<tr>
<td>Total number of all clients receiving home visits</td>
<td>300</td>
<td>Report Card – Services</td>
</tr>
<tr>
<td>Number of clients linked with medical care</td>
<td>300</td>
<td>Report Card – Services</td>
</tr>
<tr>
<td>Number of clients who delay the birth of their second child</td>
<td>85%</td>
<td>Report Card - Outcomes</td>
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Additional outcome measures include:
- A total of 100 percent of children and pregnant women will have access to health care and be linked with a medical provider.

- A total of 90 percent of parents participating in the program will increase positive parenting skills to prevent child abuse and neglect.

- A total of 85 percent of parents participating in the program will delay their second pregnancy for a minimum of two years after the first pregnancy.

- A total of 95 percent of the families participating in the program will not be involved in incidences of domestic violence or child abuse and neglect in the home.

- A total of 90 percent of parents will increase their knowledge of child development.