













# PTS-HFI Best Practice Standards

## Initial Engagement/Screening & Assessment














Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>IE1 - By targeting pregnant and parenting teens, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children in a community.</p> <p><i>BPS = Best Practice Standard</i></p>	<p>IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families.</p> <p>Exceptions can be made with prior approval from the Ounce. In programs that serve women of all ages, teens should be given priority.</p>	<p>100% of participants are age 19 or younger at intake.</p>	<p> Participant Files</p>
<p>IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.</p> <p><i>(BPS 1-2.A)</i></p>	<p>A - For programs using assessments to determine eligibility: programs complete assessments before the child is age two weeks.</p>	<p>Programs complete 80% of assessments prenatally or before the child is age two weeks.</p>	<p> Participant Files</p>
	<p>B - For programs using screenings to determine eligibility: programs complete screenings before the child is age two weeks.</p>	<p>Programs complete 80% of screenings prenatally or before the child is age two weeks.</p>	<p> Participant Files</p>
	<p>C - For programs using screenings to determine eligibility: programs complete assessment with 45 days of enrollment.</p>	<p>Programs complete 80% of assessments within 45 days of enrollment.</p>	<p> Participant Files</p>
	<p>D - Programs initiate Home Visiting before the child is age three months.</p> <p>Exceptions can be made with prior approval from the Ounce.</p>	<p>Programs initiate Home Visits before the child is age three months 100% of the time.</p>	<p> Case Notes   Participant Files</p>












Principle	Practice	Benchmark	Documentation Hard Copy Files
<p>IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of services, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.</p> <p><i>(BPS 1-1.A)</i></p>	<p>A - Programs use the Kempe Family Stress Checklist (Kempe) or a locally adapted assessment tool as the uniform method for early identification of potential participants. With approval from the Ounce, programs may implement alternative methods of identifying participants, while continuing to use the Kempe as a service-planning tool.</p>	<p>100% of programs assess potential participants using the Kempe or an IBTI approved tool.</p>	<p>FAW Files Participant Files</p>
	<p>B - Programs clearly define their target population and maintain annual tracking of the number births and other demographic characteristics within that population to ensure that they screen 100% of the potential participants.</p>	<p>Site has a description of its target population and how the current target population was decided upon including the relevant and up to date community data that was used in the decision making. Both the description and data utilized are comprehensive and up to date within last two years.</p>	<p>Program Abstract</p>
	<p>C - Programs refer families that assess as high-risk to all other applicable services in the community if the program is full.</p>	<p>100% of programs assess families' risk levels and refer to other services as needed.</p>	<p>FAW Files</p>
<p>IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.</p>	<p>A - Programs conduct positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.</p>	<p>100% of programs use positive outreach to engage potential participants.</p>	<p>FAW Files Supervisory Documentation</p>











Principle	Practice	Benchmark	Documentation  Hard Copy Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	B - Programs maintain up-to-date signed IBTI consents for services with all participants involved.	100% of participant files contain up-to-date, complete, and signed Ounce consent forms.	 Participant Files
	<p>C - Staff members obtain signed consent prior to any intake or assessment interview, and entry of participant information into OunceNet and/or Visit Tracker. Refusal to sign a consent form for entry of their information into OunceNet or Visit Tracker does not preclude a family from services.</p> <p>Programs that receive MIECHV funding from the Ounce must also utilize the MIECHV consent form for all participants assigned to MIECHV funded staff.</p>	Programs enter data into OunceNet and/or Visit Tracker only after obtaining prior written consent 100% of the time.	 Participant Files
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Home Visitors, Doulas, and Parent Group Service Coordinators.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	 Program Narrative  Team Meeting Notes














# PTS-HFI Best Practice Standards











## Home Visiting

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children. (BPS 4-1.B, 4-2.A, 4-3.A, 4-4.A)</p>	<p>A - Home Visits take place on a schedule determined in partnership with the family, diminishing in intensity as family needs change.</p>	<p>Programs assign 100% of families to a service intensity level.</p>	<ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Narrative</li> </ul>
	<p>B - Home Visitors conduct Home Visits weekly for the first six months of the baby's life with visit frequency beyond that time planned in accordance with HFI guidelines for participant level changes.</p>	<p>100% of participants receive weekly Home Visits for the first six months of their baby's life.</p>	<ul style="list-style-type: none"> <li> Case Notes</li> <li> Level Change Form</li> <li> Supervisory Documentation</li> </ul>
	<p>C - Each family's progression to a new level of service, as identified on level change criteria, is reviewed by the family, home visitor, and supervisor. This review serves as the basis for the decision to move the family from one level of service to another.</p>	<p>100% of participant level changes are documented in participant files. It is recommended that programs use the HFA Level Change Form.</p>	<ul style="list-style-type: none"> <li> Case Notes</li> <li> Participant Files</li> <li> Supervisory Documentation</li> </ul>
	<p>D - Programs offer services to families for a minimum of three years after the birth of the baby.</p>		<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> </ul>
	<p>E - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit. The elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.</p>		<ul style="list-style-type: none"> <li> Case Notes</li> <li> Policy and Procedure Manual</li> <li> Supervisory Documentation</li> </ul>











Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV2 - Home Visiting is of sufficient intensity to impact program outcomes.  <i>(BPS 4-2.B Sentinel Standard, 6-5.A,B)</i></p>	<p>A - Home Visits last between 1.0 and 1.5 hours.</p>	<p>80% of Home Visits last between 1.0 and 1.5 hours.</p>	<p> Case Notes</p>
		<p>95% of completed Home Visits take place in the home.</p>	<p> Case Notes</p>
	<p>B - Programs complete Home Visits with all participants at the expected level of frequency for each family.</p>	<p>Home Visitors complete 75% of expected Home Visits per service intensity level.</p>	<p> Case Notes</p>
	<p>C – Programs use an evidence-informed curriculum to guide service delivery.</p> <p>Programs are not expected to adhere to this standard until a list of approved curricula is provided by HFA.</p>	<p>75% of families receive at least 75% of the appropriate number of home visits based upon the individual level of services to which they are assigned.</p>	<p> Case Notes</p>
		<p>Programs submit the name of their chosen curriculum in their Program Abstract for Ounce approval.</p>	<p> Program Abstract   Program Narrative</p>
<p>HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.   <i>(BPS 6-3.A., 6-3.B Sentinel Standard, 6-4.A, 6-4.B)</i></p>	<p>A - Programs routinely address and promote positive parent-child interaction, attachment and bonding, and the development of nurturing parent-child relationships.</p>		<p> Case Notes   Supervisory Documentation</p>
	<p>B – Home visitors routinely assess, address, and promote positive child interaction, attachment, and bonding with all families, utilizing CHEEERS on all home visits.</p>		<p> Case Notes   Supervisory Documentation</p>








Principle	Practice	Benchmark	Documentation  Hard Copy Files
(BPS 6-4.C)	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that the policies are being implemented.		 Case Notes  Policy & Procedure Manual  Supervisory Documentation
	D - Programs utilize home safety checklists with families on a routine basis.	Home safety checklists are implemented with families within 45 days of the first completed home visit. Home Visitors are encouraged to use the checklists more frequently if needed to address concerns with families.	 Case Notes  Participant Files
	E - Home Visitors discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.		 Case Notes
	F - Home Visitors discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		 Case Notes
	G - Home Visitors plan and structure each visit to enable parents to understand their child's stages of development, develop age-appropriate expectations, develop successful communication and enjoyable interaction with their child, and develop parental interest and pride in their child's development.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment. Programs are only expected to implement maternal efficacy questionnaires for the target child. Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement the maternal efficacy questionnaire.	 Case Notes  Participant Files

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p> <p><i>(BPS 6-6.B Sentinel Standard)</i></p>	<p>H - Home Visitors encourage parents to read to their children.</p>		 Case Notes  Program Narrative
	<p>I - Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.</p>	<p>Home Visitors document discussions with participants about breastfeeding in case notes.</p>	 Case Notes
		<p>75% of participants initiate breastfeeding.</p>	 Child Intake
	<p>J - Home Visitors use medically accurate materials in discussing HIV with participants.</p>		 Case Notes  Participant Files
	<p>K - Home Visitors use universal precautions during work with infants and toddlers.</p>		 Supervisory Documentation  Team Meeting Notes
	<p>L - All participating children, up to age six, receive developmental screening at the following ages: three, six, nine, and 12 months, and every six months from age one through six. Programs emphasize parental involvement in the screening process.</p>	<p>95% of children have two documented screenings for developmental delay in the first year of life.</p>	 Participant Files
		<p>95% of children have one documented screening for developmental delay in the second year of life.</p>	 Participant Files
		<p>96% of enrolled children will have one documented screening for developmental delay during the third year of life.</p>	 Participant Files
		<p>90% of children are up-to-date with expected developmental screenings.</p>	 Participant Files










Principle		Practice		Benchmark		Documentation	
						 Hard Copy Files	
HV3 - Home Visits are parent-child focused, and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	M - Programs track children who are suspected of having a developmental delay, follow through with appropriate referrals, and follow up to determine if services were received.	Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.	 Case Notes  Participant Files  Supervisory Documentation				
	N - Community-Based FANA (FANA) trained Home Visitors engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.  Programs that <b>only</b> receive MIECHV funding from the Ounce are not required to implement FANA.	Home Visitors implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	 Case Notes  Program Narrative				
	O - Home Visitors fully complete written documentation of Home Visits within 72 hours of each visit, and complete related data entry within one week of the Home Visit.		 Case Notes  Program Narrative  Supervisory Documentation				
HV4 - In a manner respectful of each participant's cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	A - Home Visitors provide all participants with information and support regarding delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	80% of participants delay subsequent birth during program involvement.  (delay = 2 year interval between births)  This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	 Case Notes				













Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV4 - In a manner respectful of each participant’s cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.</p>	<p>B - Home Visitors update participant information on contraceptive use at a minimum of every six months.</p>	<p>100% of participants have contraception information updated in OunceNet at a minimum of every six months.</p>	<p> Participant Files</p>
<p>HV5 - Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.  <i>(BPS 7-1.B, 7-2.B)</i></p>	<p>A - Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.</p>	<p>75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement. This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<p> Case Notes   Participant Files</p>
		<p>100% of participants have education status information updated in OunceNet a minimum of every six months.</p>	<p> Participant Files</p>
	<p>B - Home Visitors link participating children and parents to a medical provider for routine health care, well-child care, and timely immunizations.</p>	<p>96% of target children have completed the 3-2-2 immunization series by age 12 months.</p>	<p> Participant Files</p>
		<p>90% of target children have completed the 4-3-3-1 immunization series by age 24 months.</p>	<p> Participant Files</p>
		<p>98% of target children have two well-child visits in the first year of life (by age 12 months).</p>	<p> Participant Files</p>
		<p>97% of target children have one well-child visit in the second year of life (by age 24 months).</p>	<p> Participant Files</p>
		<p>90% of target children have one well-child visit in the third year of life (by age 36 months).</p>	<p> Participant Files</p>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV5 - Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.</p>	<p>B - Home Visitors link participating children and parents to a medical provider for routine health care, well-child care, and timely immunizations.</p>	<p>90% of target children are up-to-date with immunizations and well-child visits.</p>	<p> Participant Files</p>
		<p>92% of target children have a documented primary care provider.</p>	<p> Participant Files</p>
<p>HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan. (BPS 6-2.B, 6-2.C) 2-2.A</p>	<p>A - Home Visitors develop a Family Goal Plan with each participant within 45 days of the first completed Home Visit, and every six months thereafter. Home Visitors and parents review and update the plans on a regular basis. The plans accurately reflect the progress of each family toward the completion of their goals and address parent and child needs, strengths, capacities, and challenges. Home Visitors structure both the plan and Home Visits to support the parent's strengths.</p>	<p>90% of participant files contain up-to-date Family Goal Plans.</p>	<p> Participant Files</p>
	<p>B - Home Visitors address issues identified in the initial assessment in Home Visits.</p>	<p>Site has policy and procedure regarding the following: assessment criteria and documentation of assessment narratives that assess for the presence of factors that could contribute to increased risk factors for child maltreatment or other adverse childhood experiences. The policy and procedure identify who completes the narrative and the timeframe for completion.</p>	<p> Case Notes   Participant Files   Supervisory Documentation</p>












Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	C - Home Visitors update participant outcome information related to employment, medical home, transience, and WIC status in OunceNet at a minimum of every six months.	Home Visitors update 100% of participant outcome information in OunceNet at a minimum of every six months.	📁 Participant Files
	D - Home Visitors update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	Home Visitors update 100% of child outcome information in OunceNet at a minimum of every six months. This standard applies to the target child only. Home Visitors do not need to track this data on non-target children.	📁 Participant Files
	E - Home Visitors update questions regarding the participants' level of engagement and the Home Visitor's level of concern about the participant at six-month intervals.	Home Visitors update 100% of participant patterns every six months.	📁 Participant Files
	F - Home Visitors update child feeding information in OunceNet according to the following schedule: at birth, six weeks, six months, and one year. For participants who are breastfeeding after one year, Home Visitors update child feeding information at 18 months and two years, if applicable.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	📁 Participant Files
HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		📁 Case Notes 📁 Participant Files 📁 Staffing Notes 📁 Supervisory Documentation
	B - Home Visitors and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the program's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in Home Visits and efforts made to engage the father.	📁 Case Notes 📁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.</p>	<p>C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.</p>	<p>Programs identify at least one home visiting curriculum in their Program Abstract. Home Visitors document the use of this curriculum in case notes.</p>	<ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Narrative</li> </ul>
<p>HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.</p> <p>Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to participate in DTSP.</p>	<p>A - Developmental Training and Support Program (DTSP) trained Home Visitors utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Home Visits.</p>	<p>DTSP trained Home Visitors videotape 75% of their participants at least twice per year.</p>	<ul style="list-style-type: none"> <li> Case Notes</li> </ul>
	<p>B - Home Visitors use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.</p>	<p>Home Visitors document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.</p>	<ul style="list-style-type: none"> <li> Participant Files</li> </ul>
		<p>Home Visitors and Supervisors review videotapes of families within the program as part of staff development or service planning. Home Visitors and Supervisors document this review accordingly.</p>	<ul style="list-style-type: none"> <li> Participant Files</li> <li> Supervisory Documentation</li> <li> Team Meeting Notes</li> </ul>
	<p>C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	D - Home Visitors incorporate issues raised or discussed in review of the tapes (including the PCOG or MCG) into the Family Goal Plan.		 Family Goal Plan  Staffing Notes  Supervisory Documentation
<p>HV9 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair the parent-child relationship, programs make efforts to identify maternal depression as early as possible and to help depressed participants access services.  <i>(BPS 7-5A.)</i></p> <p>Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement maternal depression screenings.</p>	A - Programs have policies and procedures for administration of a standardized depression screen/tool that specify how and when the tool is to be used with all families participating in the program and assure that all staff who administer the tools are fully trained.		 Policy and Procedure Manual
	B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.		 Case Notes  Participant Files  Policy and Procedure Manual  Supervisory Documentation
	C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet.	Unless programs reach another agreement with IBTI, Home Visitors screen 100% of consenting active participants prenatally and twice postpartum (at 4-6 weeks and 6 months).	 Participant Files

# PTS-HFI Best Practice Standards







## Doula

Principle	Practice	Benchmark	Documentation	
			 Hard Copy Files	
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	 Participant Files  Program Narrative	
D2 - Doula Home Visits are of sufficient intensity to impact program outcomes.	Doula Home Visits last between 1.0 and 1.5 hours.	80% of Doula Home Visits last between 1.0 and 1.5 hours.	 Case Notes	
D3 - Doula Home Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, understand and develop enjoyable prenatal and postpartum interaction with their child, and develop parental interest in their child's development.		 Case Notes  Participant Files	
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate materials.	Doulas document discussions with participants about breastfeeding in case notes.		 Case Notes
		75% of participants initiate breastfeeding.		 Participant Files
	C - Doulas use universal precautions in work with infants and toddlers.			 Supervisory Documentation  Team Meeting Notes
	D - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be			 Case Notes

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	provided to family members, if interested.		
D3 - Doula Home Visits are parent-child focused, and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	E - Doulas discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.		📁 Case Notes
	F - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	📁 Case Notes 📁 Program Narrative
		Doulas attend FANA training and complete FANA certification within one year of hire.	📁 Supervisory Documentation 📁 Training Records
	G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		📁 Case Notes 📁 Program Narrative 📁 Supervisory Documentation
D4 - In a manner respectful of each participant's cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.		📁 Case Notes
D5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals	Doulas develop a birth plan with each participant. This plan may serve as the participants' first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	📁 Participant Files












Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
as described in the birth plan.			
D6 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas update child feeding information in OunceNet at birth and at six weeks.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	📁 Participant Files
D7 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust, and retain overburdened families in the program.		<ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Participant Files</li> <li>📁 Program Narrative</li> <li>📁 Staffing Notes</li> <li>📁 Supervisory Documentation</li> </ul>
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	<ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Supervisory Documentation</li> </ul>
	C - Doula programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program materials reflect the language, ethnicity, and customs of the families served.		<ul style="list-style-type: none"> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> </ul>
D8 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	During the last trimester of pregnancy, program participants receive additional direct services provided through the Doula program. These include prenatal education support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the contracted level.	<ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> </ul>













Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>D9 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.</p>	<p>A - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.</p>	<p>75% of Doula participants have a Doula-attended birth.</p>	 Participant Files  Program Narrative
	<p>B - Doula programs have established written protocols that outline procedures when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.</p>		 Program Files
<p>D10 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so she can nurture the baby.</p>	<p>Doulas support the young parent's self-determination while encouraging prenatal care, initiation of breastfeeding while promoting emotional availability and engagement with her developing newborn.</p>		 Case Notes  Participant Files

# PTS-HFI Best Practice Standards

## Prenatal Groups












Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.</p>	<p>A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.</p>		 Group Plans
	<p>B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).</p>	<p>Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.</p>	 Group Plans
	<p>C - Curricula and other materials used in Prenatal Group should be culturally competent and focused on common prenatal issues (programs must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).</p>	<p>Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.</p>	 Group Plans  Program Abstract  Program Narrative
	<p>D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.</p>		 Group Evaluations  Group Plans  Team Meeting Notes
	<p>E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.</p>		 Process Notes  Supervisory Documentation
















Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE2 - Prenatal Groups enhance the intensity and focus of Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
<p>PRE3 - Prenatal Groups promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, thus helping the parent develop emotional availability for the baby.</p>	<p>A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between the parent and unborn child.</p>	<p>Each Prenatal Group session has a documented parent-child activity.</p>	 Group Plans


















Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
<p>PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>	<p>A - Prenatal Group membership and facilitators are as consistent as possible.</p>		<p>📁 Program Abstract 📁 Group Plans</p>
	<p>B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six-to-eight week session.</p>		<p>📁 Program Abstract 📁 Group Plans</p>
	<p>C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.</p>	<p>Programs hold 90% of planned Prenatal Group sessions.</p>	<p>📁 Program Abstract 📁 Quarterly Narrative – Group Topic Calendar</p>
	<p>D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.</p>		<p>📁 Group Plans</p>
	<p>E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.</p>		<p>📁 Macro Plans</p>
	<p>F - Prenatal Group arrangements include a nutritious meal or snack.</p>		<p>📁 Program Abstract 📁 Group Plans</p>
	<p>G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.</p>		<p>📁 Group Evaluations 📁 Group Plans 📁 Policy and Procedure Manual 📁 Process Notes</p>
<p>PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.</p>	<p>These groups promote transition to ongoing program services such as Home Visiting and Parent Groups for both enrolled participants and those not yet actively enrolled in the IBTI program.</p>		<p>📁 Group Plans</p>

















# PTS-HFI Best Practice Standards

## Parent Groups\*

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PAR1 - Parent Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between parent and child. Parent Group activities provide opportunities for positive peer interaction.</p>	<p>A - A portion of the Parent Group session focuses on the sharing of experiences and ideas of group members about various topics, such as parenting, family planning, health care, career exploration, education, housing, and childcare.</p>		 Group Plans
	<p>B - A wide variety of activities and approaches are encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).</p>	<p>Parent Group plans reflect activities and approaches used in Parent Group sessions.</p>	 Group Plans
	<p>C - Topics, curricula, and other materials used in Parent Group sessions are culturally competent and focused on parenting issues (programs must discuss use of supplemental non-parenting focused curricula with the IBTI Program Advisor).</p>	<p>Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.</p>	 Group Plans  Program Abstract  Program Narrative
	<p>D - Planning of Parent Group sessions reflects the input of participants, site staff, and Family Goal Plans.</p>		 Group Evaluations  Group Plans  Team Meeting Notes
<p>PAR2 - Parent Groups enhance the intensity and focus of the Home Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>A - Parent Group facilitators provide all participants with information and support regarding the delay of subsequent births, effective family planning, including abstinence, (as the only 100% protection from risk) birth control, and protection from STIs, including HIV/AIDS. Curricula and materials used are medically accurate.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PAR2 - Parent Groups enhance the intensity and focus of the Home Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.</p>		 Group Plans  Quarterly Narrative: Group Topic Calendar
	<p>C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.</p>		 Group Plans  Quarterly Narrative: Group Topic Calendar
	<p>D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.</p>		 Group Plans  Quarterly Narrative: Group Topic Calendar
	<p>E - Home Visiting participants are the primary target audience of IBTI Parent Group Services.</p>	<p>100% of Parent Group participants are actively engaged in Home Visits.</p>	 Group Roster  Participant Files  Staffing Notes
<p>PAR3 - Parent Groups are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.</p>	<p>A - A part of each Parent Group meeting has activities that encourage successful communication and enjoyable interaction between parent and child, and between group members.</p>	<p>Each Parent Group session has a documented parent-child activity.</p>	 Group Plans
	<p>B - A portion of the meeting allows parents to meet apart from children.</p>		 Group Plans
	<p>C - Childcare arrangements ensure safety and consistency in caregivers. Programs must provide adequate screening and supervision of childcare providers.</p>	<p>Programs screen 100% of childcare providers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.</p>	 Group Plans  Program Narrative
<p>PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.</p>	<p>A - Each Parent Group must meet a minimum of forty times per fiscal year, optimally on a weekly basis.</p>	<p>Programs hold 90% of planned Parent Group sessions.</p>	 Program Abstract

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.</p>	<p>B - Parent Group membership and facilitators are consistent.</p>	<p>Parent Group participants are required to attend 75% of Parent Group sessions.</p>	 Group Plans  Program Abstract
	<p>C - Parent Group plans address content areas in-depth over several weeks through various topics.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>D - Parent Group Service Coordinators submit 10-week macro plans on a quarterly basis to their IBTI Program Advisor.</p>		 Macro Plans
	<p>E - Parent Group documentation includes group micro plans, attendance, and post-group process notes for each session.</p>		 Group Plans
	<p>F - Optimal Parent Group size is six to twelve participants.</p>	<p>Each Parent Group maintains an average attendance of at least five participants.</p>	 Program Abstract
	<p>G - Parent Group arrangements include a nutritious meal or snack and transportation to and from group.</p>		 Group Plans  Program Abstract  Program Narrative
	<p>H - Programs complete a written evaluation plan for Parent Group services that includes a procedure for gathering feedback from Parent Group participants.</p>		 Group Evaluations  Group Plans  Policy and Procedure Manual  Process Notes
	<p>I - Staff members use Parent Group meeting records, informal feedback, parent evaluations, and their own observations to improve Parent Group sessions.</p>		 Process Notes  Supervisory Documentation
	<p>PAR5 - Programs provide Parent Groups in consideration of, and as a support to each participant's family and cultural values.</p>	<p>A - Parent Groups provide support for the involvement of fathers, other primary caregivers, and extended family members (i.e., periodic family nights, grandparent events, and fathers' nights).</p>	

Principle	Practice	Benchmark	Documentation  Hard Copy Files
PAR5 - Programs provide Parent Groups in consideration of, and as a support to each participant's family and cultural values.	B - It is optimal that staff members (volunteer and paid) reflect the cultural values and strengths of the participants' community.		 Program Files
PAR6 - All other Parent Groups maintain a primary focus on parenting and target achievement of one or more of the IBTI program goals. These groups are time-limited, and target a specific population other than first-time pregnant and parenting teens. Examples include but are not limited to prenatal groups, school-based groups for pregnant and parenting teens, play groups, co-parenting teen couples' groups, grandparent groups, and father's groups.	A - Other Parent Groups provide a variety of activities for participants prior to and with the goal of formal enrollment in the IBTI program.		 Group Plans  Program Abstract  Program Narrative  Quarterly Narrative Report – Group Topic Calendar
	B - Other Parent Groups enhance current group services for enrolled participants or these groups may support or enhance those directly involved with a current participant and child actively enrolled in the IBTI program.		 Group Plans  Program Abstract  Program Narrative  Quarterly Narrative Report – Group Topic Calendar
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	A - Programs implement Heart to Heart in one ongoing Parent Group during the fiscal year if indicated in the Program Abstract. Programs may add additional Heart to Heart groups with Ounce approval.		 Program Abstract  Program Narrative
	B - Programs utilize Heart to Heart co-facilitators according to the program design.	Programs identify two Heart to Heart co-facilitators in the Program Abstract.	 Group Plans  Program Abstract  Training Records
	C - In order to implement Heart to Heart in a manner that ensures cohesiveness and trust within the group, programs limit Heart to Heart enrollment.	Programs enroll Heart to Heart participants by the third session.	 Group Roster




















Principle	Practice	Benchmark	Documentation Hard Copy Files
<p>PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.</p>	<p>D - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.</p>	<p>To be eligible to participate in the Heart to Heart graduation ceremony, participants cannot miss more than two sessions.</p>	<p>Group Roster</p>
		<p>Heart to Heart trained Home Visitors can implement group sessions during Home Visits to allow Heart to Heart group members to participate in graduation. Programs cannot count this towards group attendance in OunceNet.</p>	<p>Case Notes</p>
	<p>E - Heart to Heart facilitators ensure the completion of a Community Service Project involving group participants and community residents or service providers as part of curriculum implementation.</p>	<p>Programs document the Community Service Project in the Fourth Quarter Narrative Report.</p>	<p>Group Plans Quarterly Narrative Report</p>
	<p>F - Prior to Heart to Heart implementation, each program:</p> <ol style="list-style-type: none"> <li>1) Designates a clinical consultant to provide support for Heart to Heart facilitators during program implementation,</li> <li>2) Identifies clinical treatment resources (such as a sexual assault center) for participants who disclose abuse,</li> <li>3) Provides verification of an up-to-date child abuse reporting protocol</li> <li>4) Completes a Heart to Heart Support and Intervention Plan.</li> </ol>		<p>Child Abuse Reporting Protocol Program Abstract Program Narrative</p>

\*Programs that receive MIECHV **only** funding from the Ounce are not required to adhere to these standards.

# PTS-HFI Best Practice Standards














## Infant Mental Health\*











Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace the core family support strategies of Home Visiting and Parent Groups.</p>	<p>A - Programs target IBTI participants for IMH services.</p>		 Participant Files
	<p>B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.</p>		 Program Abstract  Program Narrative
	<p>C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.</p>		 Case Notes  Participant Files  Program Abstract  Program Narrative  Staffing Notes  Supervisory Documentation
	<p>D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.</p>		 Participant Files  Program Narrative  Quarterly Narrative Report
	<p>E - IMH services include consultation with program staff.</p>		 Program Abstract  Program Narrative  Staffing Notes  Team Meeting Notes

\*Only programs that receive funds specifically for Infant Mental Health are required to adhere to these standards.

# PTS-HFI Best Practice Standards











## Program Structure & Governance










Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity, and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	100% of programs use the HFI level system to determine frequency of Home Visits.	 Program Abstract  Program Narrative
	B - Programs use income guidelines to determine eligibility for program services.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	 Income Eligibility Documentation
	C - Short-term services such as community education, Prenatal Group, and Doula are offered to participants under the following conditions: <ul style="list-style-type: none"> <li>• Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.</li> <li>• Participants are teen parents.</li> <li>• No more than 20% of Doula participants receive short-term Doula services.</li> <li>• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.</li> <li>• The majority of participants attending Prenatal Group have an active IBTI enrollment status.</li> </ul>		 Program Abstract
			 Program Abstract
		Programs enroll 80% of Doula participants in Home Visiting services.	 Participant Files  Program Abstract  Program Narrative
			 Participant Files  Program Narrative  Quarterly Narrative Report
			 Group Roster

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.</p>	<p>D - Programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.</p>		 Participant Files  Supervisory Documentation
	<p>E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.</p>	<p>100% of programs measure and analyze their acceptance and retention rates on an annual basis, and provide completed documentation of this analysis to the Ounce.</p>	 Program Files
	<p>F- Programs track trends and changes in their target population and adjust their program plans as indicated.</p>	<p>100% of programs document trends or changes in their target population.</p>	 Program Abstract  Quarterly Narrative Report
	<p>G - Program funding and in-kind support (i.e., facility space) is sufficient to providing services to the target population.</p>		 Program Budget  Program Budget Narrative
<p>SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. (8-1.B)</p>	<p>A - Programs maintain full enrollment.</p>	<p>Program enrollment is at least 85% of program capacity (see page 176 for details). Home Visitors with caseloads of 25 are at the maximum point capacity (i.e., 26 points) regardless of the actual point value of the caseload.</p>	 Program Abstract
	<p>B - In order to ensure staff capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Home Visitor exceeds 25 participants, regardless of the point values of the caseload.</p>	<p>100% of staff caseloads have 25 or fewer participants.</p>	 Program Abstract

Principle	Practice	Benchmark	Documentation Hard Copy Files
<p>SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program.</p>	<p>C - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, volunteer recruitment, orientation, training, and supervision.</p> <p>This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<p>A ratio of .25 FTE per group is required.</p>	<p>Program Abstract</p>
	<p>D - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.</p>	<p>Programs complete annual satisfaction surveys with a response rate of at least 25% of actively enrolled participants.</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<p>Program Files</p>
<p>SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. (12-1A, 12-1.B, 12-3.A)</p>	<p>A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.</p>	<p>Each staff member receives 46 individual supervisions per fiscal year.</p>	<p>Program Abstract Program Narrative Supervisory Documentation</p>
	<p>B - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work, and provides them with skill development and professional support.</p>	<p>Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract.</p>	<p>Program Abstract Program Files Supervisory Documentation</p>
	<p>C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site.</p>	<p>Programs hold 75% of expected clinical support sessions.</p>	<p>Clinical Support Notes</p>






Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.  <i>(BPS 12-1.D)</i>	D - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.		📁 Supervisory Documentation
	E - Supervisors conduct observations of staff's direct work with families in Home Visits and Groups two times per year.		📁 Supervisory Documentation
	F - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal.		📁 Program Abstract
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources and to provide integrated services for pregnant and parenting teens and their children.	Programs have a 100% FTE Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.  This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.		📁 Program Abstract
SG5 - Where programs receive funding for Home Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	A - Home Visiting participants are the primary target audience of IBTI Group Services.  This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	100% of Parent Group participants are actively engaged in Home Visiting.	📁 Group Rosters 📁 Participant Files 📁 Staffing Notes 📁 Supervisory Documentation
	B - Staff in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.  This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	📁 Program Abstract 📁 Program Narrative 📁 Team Meeting Notes




Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>A - All staff members participate in the appropriate Healthy Families America training specific to their role within the program within six months of their date of hire.</p>		 Supervisory Documentation  Training Records
	<p>B - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.</p>		 Supervisory Documentation  Training Records
	<p>C - Staff members receive basic and ongoing training in key areas they encounter in their work with families.</p>		 Training Records
	<p>C.1 - The following topics should be covered within three months of hire:</p> <ul style="list-style-type: none"> <li>• Sleeping,</li> <li>• Feeding/breastfeeding,</li> <li>• physical care of baby,</li> <li>• Crying/comforting baby,</li> <li>• Home safety,</li> <li>• Shaken Baby Syndrome,</li> <li>• SIDS,</li> <li>• Seeking medical care,</li> <li>• Well-child visits/immunizations,</li> <li>• Seeking appropriate childcare,</li> <li>• Car seat safety,</li> <li>• Failure to thrive,</li> <li>• Family planning,</li> <li>• nutrition,</li> <li>• Prenatal/postnatal healthcare,</li> <li>• Prenatal/postpartum depression and Warning</li> </ul>		 Quarterly Narrative Report  Staff Development Plans  Supervisory Documentation  Training Records








Principle	Practice	Benchmark	Documentation  Hard Copy Files
	signs for when to call doctor.		
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>C.2 - The following topics should be covered within six months of hire:</p> <ul style="list-style-type: none"> <li>• Language/literacy development,</li> <li>• Physical/emotional development,</li> <li>• Identifying developmental delays,</li> <li>• Brain development,</li> <li>• Supportive attachment,</li> <li>• Positive parenting strategies,</li> <li>• Discipline,</li> <li>• Parent-child interaction,</li> <li>• Working through difficult relationships,</li> <li>• Stress/time management,</li> <li>• Personal safety,</li> <li>• Burnout prevention,</li> <li>• Ethics,</li> <li>• Crisis intervention,</li> <li>• Emergency protocols,</li> <li>• Promotion of positive mental health,</li> <li>• Signs of mental health issues,</li> <li>• Depression,</li> <li>• Working with families with mental health issues, and</li> <li>• Referral resources.</li> </ul>		<ul style="list-style-type: none"> <li> Quarterly Narrative Report</li> <li> Staff Development Plans</li> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>C.3 - The following topics should be covered within twelve months of hire:</p> <ul style="list-style-type: none"> <li>• Etiology of child abuse and neglect,</li> <li>• Working with survivors of abuse,</li> <li>• Life skills management,</li> <li>• Engaging fathers,</li> <li>• Multi-generational families,</li> <li>• Teen parents,</li> <li>• Relationships,</li> <li>• HIV/AIDS,</li> <li>• Working with diverse cultures/populations</li> </ul>		<ul style="list-style-type: none"> <li> Quarterly Narrative Report</li> <li> Staff Development Plans</li> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>















Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	<ul style="list-style-type: none"> <li>• Culture of poverty</li> <li>• Values clarification</li> </ul>		
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>D - Programs ensure that all staff members are oriented to child abuse, neglect indicators and reporting requirements prior to direct work with families.</p>		<ul style="list-style-type: none"> <li>📁 Quarterly Narrative Report</li> <li>📁 Staff Development Plans</li> <li>📁 Supervisory Documentation</li> <li>📁 Training Records</li> </ul>
	<p>E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.</p>		<ul style="list-style-type: none"> <li>📁 Supervisory Documentation</li> <li>📁 Training Records</li> </ul>
	<p>F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.</p>	<p>Doulas attend the FSW track of HFA Integrated Strategies training within the first six months of their hire date, and attend the first available Doula Basic training in relationship to their hire date.</p>	<ul style="list-style-type: none"> <li>📁 Supervisory Documentation</li> <li>📁 Training Records</li> </ul>
	<p>G - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.</p>	<p>Doulas and Doula Supervisors complete DONA training within three months of hire.</p>	<ul style="list-style-type: none"> <li>📁 Supervisory Documentation</li> <li>📁 Training Records</li> </ul>
	<p>H - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.</p>		<ul style="list-style-type: none"> <li>📁 Program Files</li> <li>📁 Supervisory Documentation</li> <li>📁 Team Meeting Notes</li> </ul>
<p>SG7 - All IBTI services are responsive to the culture of the families served.</p>	<p>A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.</p>		<ul style="list-style-type: none"> <li>📁 Program Files</li> </ul>
	<p>B - Programs train staff annually on the specific cultural needs of their</p>		<ul style="list-style-type: none"> <li>📁 Team Meeting Notes</li> <li>📁 Training Records</li> </ul>










Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG7 - All IBTI services are responsive to the culture of the families served.	<p>participants and target community.</p> <p>C - Programs implement a review of cultural competency that addresses curricula and other materials, training, and service delivery every other year. This review includes input from participants and staff in all areas.</p>	100% of programs conduct a cultural competency every other year.	 Cultural Competency Review results  Program Files
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families; such as those in which domestic violence or substance abuse may be a concern. <i>(BPS 9-1.A)</i>	<p>A - Screening and selection of program managers includes consideration of characteristics including but not limited to:</p> <ul style="list-style-type: none"> <li>• Solid understanding of and experience in managing staff</li> <li>• Administrative experience in human services or related field including experience in quality assurance and improvement and site development</li> <li>• Master's degree in public health or human services administration or fields related to working with children and families or Bachelor's degree with three years of relevant experience</li> </ul> <p>Program Managers hired prior to July 1, 2014 should have at least a Bachelor's degree. Criteria above apply to staff hired starting July 1, 2014.</p>		 Personnel Files  Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern.  <i>(BPS 9.1.B)</i></p>	<p>B - Screening and selection of supervisors includes all but is not limited to:</p> <ul style="list-style-type: none"> <li>• Master’s degree in human services or fields related to working with children and families, or Bachelor’s degree with three years relevant experience,</li> <li>• Solid understanding of and/or experience in supervising and motivating staff, as well as providing support to staff in stressful work environments,</li> <li>• Knowledge of infant and child development and parent-child attachment,</li> <li>• Experience with family services that embrace the concepts of family-centered and strength-based service provision,</li> <li>• Knowledge of maternal-infant health and dynamics of child abuse and neglect,</li> <li>• Experience in providing services to culturally diverse communities/families,</li> <li>• Experience in home visitation with strong background in birth to three prevention services,</li> <li>• Infant mental health endorsement level III or IV (if available),</li> <li>• Experience with reflective practice preferred.</li> </ul> <p>Supervisors hired prior to July 1, 2014 should have at least a Bachelor’s degree.</p>		<ul style="list-style-type: none"> <li> Personnel Files</li> <li> Policy and Procedure Manual</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	Criteria above apply to staff hired starting July 1, 2014.		
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern. <i>(BPS 9-1.C)</i>	C - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		 Supervisory Documentation
	D - Screening and selection of direct service staff, volunteers, and interns that perform the same function include consideration of personal characteristics including but not limited to: <ul style="list-style-type: none"> <li>• Minimum of high school diploma or equivalent</li> <li>• Ability to establish trusting relationships</li> <li>• Acceptance of individual differences</li> <li>• Experience and willingness to work with the culturally diverse populations that are present among the site's target population</li> <li>• Knowledge of infant and child development</li> <li>• Open to reflective practice</li> <li>• Infant mental health endorsement level I or II preferred (if available)</li> </ul>		 Personnel Files  Policy and Procedure Manual
SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain	A - Programs have a broadly-based advisory/governing group which serves in an advisory or governing capacity in the planning, implementation, and evaluation of program related activities.		 Advisory Group Agendas  Advisory Group Minutes  Program Files

Principle	Practice	Benchmark	Documentation  Hard Copy Files
visibility in the community as a source of support for families. <i>(BPS GA-1A)</i>			
SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	B - Community partners identified as referral sources for screening, assessment, and program intake match the program’s target population and meet any specific HFI requirements.		 Program Files  Program Narrative
	C - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.		 Program Narrative  Team Meeting Notes
	D - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage screened/identified.		 Program Files
	E - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		 Program Abstract  Program Files  Program Narrative
	F - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and		 Program Abstract  Program Files  Program Narrative

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	delivery support to guarantee access of Doulas for attending births.		
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. (BPS 7-3.A)</p>	<p>G - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff. In addition, volunteers receive the same training and quality of supervision as would a paid staff person with similar duties.</p>	<p>Programs screen 100% of program interns and volunteers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.</p>	<p>📁 Program Files 📁 Program Narrative</p>
	<p>H - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of working relationships with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutritional programs, recreational programs, mental health, early intervention, substance abuse, domestic violence services, and childcare.</p>		<p>📁 Community Resource Directories 📁 Team Meetings Notes</p>
	<p>I - Programs track and follow up with families and service providers, if appropriate, to determine if the families received needed services. Follow-up with service providers requires signed informed consent.</p>		<p>📁 Program Files 📁 Policy and Procedure Manual</p>
	<p>J - Release of information forms used for referrals should be specific to the</p>		<p>📁 Participant Files 📁 Policy and Procedure Manual</p>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	referral agency and time limited.		
SG10 - Programs are aware of and sensitive to participants' experiences of services.	Programs contact participants who drop out to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.		 Exit Interview Forms  Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	Programs cooperate with Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		 Participant Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and/or Visit Tracker and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet and/or Visit Tracker training.	 Participant Files  Training Records
	B - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Home Visit's documentation.		 Participant Files
	C - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers have up-to-date and functional virus protection software.	 Program Files
	D - Programs adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 125 for specific information on what should		 Program Files









Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	be restricted on OunceNet computers.		

## A5. PTS-PAT Best Practice Standards








### Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
IE1 - By targeting pregnant and parenting teens, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children, in a community.  <i>ER = Essential Requirement</i>	A - IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families.  Exceptions can be made with prior approval from the Ounce. In programs that serve women of all ages, teens should be given priority.	100% of participants are age 19 or younger at intake.	📁 Participant Files
	B - Programs have written recruitment plans that identify approaches and settings in which to recruit the families they are designed to serve.	A written recruitment plan that identifies recruitment approaches/ settings that has been in effect for at least three months <b>or</b> if the affiliate participates in a centralized intake system, documentation that describes the centralized intake system	📁 Policy and Procedure Manual 📁 Program Files
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	A - Programs provide informational materials that give a clear picture of what families can expect from PAT services.		📁 Program Files
	B - Programs use informational materials and recruitment strategies that reflect the languages and cultures of the populations to be served.		📁 Program Files



Principle	Practice	Benchmark	Documentation  Hard Copy Files
	C - Whenever possible, programs initiate services prenatally or within six months of the child's birth to ensure adequate support for parents during this period of critical child development and initial relationship between parents and child.	Programs enroll participants within six months of the birth of the child 90% of the time.	 Policy and Procedure Manual
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	D - Families that must be placed on a waiting list or are not eligible for services are connected to appropriate resources at the time of intake.		 Program Files  Policy and Procedure Manual
	E - As part of enrollment, the parent(s) and Parent Educator discuss and sign a mutual participation agreement that includes explanations of at least the following: <ul style="list-style-type: none"> <li>• The program's services</li> <li>• Expectations for participation by the family</li> <li>• Record keeping, data collection activities, and use of data</li> </ul>	100% of participant files contain a signed mutual participation agreement.	 Participant Files  Policy and Procedure Manual
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	A - Programs clearly define their target population and maintain annual tracking of the number births and other demographic characteristics within that population to ensure that they screen 100% of the potential participants.	100% of programs define their target population and track the number of births.	 Program Abstract
	B - Programs that assess a family as high-risk refer that family to all other applicable services in the community if the program is full.	100% of programs assess their families' risk level and refer to other services as needed.	 Program Files










Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs conduct positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.	100% of programs use positive outreach to engage potential participants.	📁 Supervisory Documentation
	B - Programs maintain up-to-date signed consents for services with all participants involved.	100% of participant files contain an up-to-date, complete and signed Ounce consent form.	📁 Participant Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	C - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet and/or Visit Tracker. Refusal to sign a consent form for entry of their information into OunceNet and/or Visit Tracker does not preclude a family from services.  Programs that receive MIECHV funding from the Ounce must also utilize the MIECHV consent form for all participants assigned to MIECHV funded staff.	Programs enter data into OunceNet and/or Visit Tracker only after obtaining prior written consent 100% of the time.	📁 Participant Files
	D - Programs have client rights and confidentiality policies and procedures to ensure family privacy.		📁 Participant Files 📁 Policy and Procedure Manual













Principle		Practice		Benchmark		Documentation	
						 Hard Copy Files	
IE5 - Family-centered assessment is a mechanism to get to know and genuinely understand the family, to recognize factors that promote family resilience and well-being, and to facilitate goal setting with the family. <i>(PAT ER 8)</i>	A - Program staff members complete and document a family-centered assessment within 90 days of enrollment, and then at least annually thereafter, using an assessment that addresses the PAT required areas (parenting, family relationships and formal and informal support systems, parent educational and vocational information, parent general health, parent/child access to medical care, including health insurance coverage, adequacy and stability of income for food, clothing, and other expenses, adequacy and stability of housing).				 Participant Files		
	B - Program staff members maintain a relationship-based, non-judgmental and culturally responsive approach to conducting family-centered assessment and goal setting.				 Supervisor Documentation		
IE5 - Family-centered assessment is a mechanism to get to know and genuinely understand the family, to recognize factors that promote family resilience and well-being, and to facilitate goal setting with the family.	C - Program staff members have the training and support necessary to complete the family-centered assessment according to the program's procedures.				 Supervisory Documentation  Training Files		
IE6 - Programs are most effective when they use intake and assessment information about family characteristics, background history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Parent Educators, Doulas, and Parent Group Service Coordinators.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.			 Program Narrative  Team Meeting Notes		





























# PTS-PAT Best Practice Standards

## Personal Visits

Principle	Practice	Benchmark	Documentation  Hard Copy Files
PV1 - Personal Visits are the core family support and early childhood education services provided by IBTI programs for pregnant and parenting teens and their children.  (PAT ER I)	A - Programs offer services to families for a minimum of three years after the birth of the baby.  Whenever possible, participants are to be enrolled prenatally or by 6 months.		 Policy and Procedure Manual
	B - Assignment of families to Parent Educators takes into consideration several key factors, including the family's primary language and Parent Educator experience with particular family backgrounds and characteristics.		 Supervisory Documentation
(PAT ER II)	C - Personal Visits take place on a schedule determined in partnership with the family, diminishing in intensity as family needs change. Programs complete at least bi-monthly visits to each family during the program year.  Needs characteristics are to be documented.	Programs assign 100% of families to a service intensity level.	 Participant Files  Policy and Procedure Manual  Program Narrative
	D - Families not placed on a waiting list have their first foundational visit scheduled to take place no more than three weeks after the initial request for services.		 Participant File  Personal Visit Record  Policy and Procedure Manual






Principle		Practice	Benchmark	Documentation  Hard Copy Files
PV1 - Personal Visits are the core family support and early childhood education services provided by IBTI programs for pregnant and parenting teens and their children.	E - Parent Educators build upon and adapt to the home environment, seeking to transfer Personal Visit activities to daily interactions between parent and child.			 Personal Visit Record
	F - Parent Educators address all three areas of emphasis (parent-child interaction, developmental centered parenting, and family well-being) in Personal Visits, including when addressing a family's immediate needs or a crisis situation.			 Personal Visit Record  Policy and Procedure Manual  Supervisory Documentation
PV2 - Personal Visits are of sufficient intensity to impact program outcomes.	A - Personal Visits last between 1.0 and 1.5 hours.	80% of Personal Visits last between 1.0 and 1.5 hours.		 Personal Visit Record
		75% of Personal Visits take place in the home.		 Personal Visit Record
	B - Programs complete Personal Visits with all participants at the expected level of frequency for each family.	Parent Educators complete 75% of expected Personal Visits per service intensity level.		 Personal Visit Record
	C - Parent Educators monitor Personal Visit and Group participation rates, and uses a variety of strategies to address engagement of families in services.			 Program Files
	D - All new Parent Educators attend the Foundational and Model Implementation training before delivering PAT services.			 Personal Visit Record  Program Abstract  Training Records
PAT ER 6				














Principle	Practice	Benchmark	Documentation  Hard Copy Files
PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Parent Educators help families recognize and expand upon their existing strengths and protective factors.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment. Programs are only expected to implement maternal efficacy questionnaires for the target child. Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement the maternal efficacy questionnaire.	 Personal Visit Record  Supervisory Documentation
(PAT ER 10)	B - During each Personal Visit, Parent Educators partner, facilitate, and reflect with families.		 Personal Visit Record
	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that the policies are being implemented.		 Case Notes  Policy & Procedure Manual  Supervisory Documentation
	D - Parent Educators use the foundational visit plans and planning guide from the curriculum to design and deliver Personal Visits to families.		 Participant Files
	E - Parent Educators discuss each child's emerging development with the parents, incorporating parent and Parent Educator observations.		 Participant Files  Personal Visit Record  Supervisory Documentation
	F - Programs utilize home safety checklists with families on a routine basis.	Home safety checklists are implemented with families within 45 days of the first completed home visit at a minimum. Parent Educators are encouraged to use the checklists more frequently if needed to address concerns with families.	 Participant Files








Principle	Practice	Benchmark	Documentation  Hard Copy Files
PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	G - Parent Educators discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.		 Case Notes
	H - Parent Educators discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.		 Case Notes
	I - Parent Educators encourage families to foster literacy in the home environment.		 Personal Visit Record  Program Narrative
	J - Parent Educators share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Parent Educators document discussions with participants about breastfeeding in PVRs.	 Personal Visit Record  Policy and Procedure Manual
		75% of participants initiate breastfeeding.	 Participant Files
	K - Parent Educators use medically accurate materials in discussing HIV with participants.		 Case Notes  Participant Files
	L - Parent Educators use universal precautions in work with infants and toddlers.		 Supervisory Documentation  Team Meeting Notes
	M - Community-Based FANA (FANA) trained Parent Educators engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.  Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement FANA.	Parent Educators implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.	 Personal Visit Record  Program Narrative























Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
<p>PV3 - Personal Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>	<p>N - Parent Educators monitor and record children’s achievement of developmental milestones, using the PAT milestones.</p>		<ul style="list-style-type: none"> <li>📁 Developmental Milestones</li> <li>📁 Participant Files</li> </ul>
	<p>O - Personal Visits are documented no more than two workdays after the visit, using the Personal Visit Record. Related data entry is completed within one week of the Personal Visit.</p>		<ul style="list-style-type: none"> <li>📁 Personal Visit Record</li> <li>📁 Program Narrative</li> <li>📁 Supervisory Documentation</li> </ul>
<p>PV4 - In a manner respectful of each participant’s cultural and religious beliefs, Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.</p>	<p>A - Parent Educators provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.</p>	<p>80% of participants delay subsequent birth during program involvement.</p> <p>(delay = 2 year interval between births)</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<ul style="list-style-type: none"> <li>📁 Personal Visit Record</li> </ul>
	<p>B - Parent Educators update participant information on contraceptive use at a minimum of every six months.</p>	<p>100% of participants have contraception information updated in OunceNet at a minimum of every six months.</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>
<p>PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.</p>	<p>A - Parent Educators assist and support teens to return to school and obtain safe, high-quality childcare.</p>	<p>75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Personal Visit Record</li> </ul>
		<p>100% of participants have education status information updated in OunceNet at a</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
		minimum of every six months.	
PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan. (PATER 9)	B - Parent Educators develop a Family Goal Plan with each participant within 45 days of the first completed Personal Visit and every six months thereafter. Parent Educators and parents review and update the plan on a regular basis. Plans accurately reflect the progress of each family toward their goals, and address parent and child needs, strengths, capacities, and challenges. Parent Educators structure both the plan and the Personal Visits to support the parent's strengths.	90% of participant files contain an up-to-date Family Goal Plan.	 Participant Files
	C - Goals address at least one of the following areas: parenting, child development and family well-being.	Provide an example of one goal for each area of the standard (remove any family level identifying information): <input type="checkbox"/> Parenting <input type="checkbox"/> Child development <input type="checkbox"/> Family well-being	 Participant Files
	D - Parent Educators update participant outcome information related to employment, medical home, transience, and WIC status in Ounce Net at a minimum of every six months.	Parent Educators update 100% of participant outcome information in Ounce Net at a minimum of every six months.	 Participant Files
	E - Parent Educators update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	Parent Educators update 100% of child outcome information in Ounce Net at a minimum of every six months. This standard applies to the target child only. Parent Educators do not need to track this data on non-target children.	 Participant Files

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	F - Parent Educators update questions regarding the participants' level of engagement and the Parent Educator's level of concern about the participant at six-month intervals.	Parent Educators update 100% of participant patterns every six months.	 Participant Files
PV5 - Programs conduct Personal Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	G - Parent Educators update child feeding information in OunceNet according to the following schedule: at birth and at six weeks, six months, and one year. For participants who are breastfeeding after one year, Parent Educators update child feeding information at 18 months and two years, if applicable.	100% of children have feeding information updated in OunceNet. This standard applies to the target child and any subsequent children.	 Participant Files
	H - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit. The elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.		 Case Notes  Policy and Procedure Manual  Supervisory Documentation
PV6 - Programs provide Personal Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program		 Participant Files  Personal Visit Record  Staffing Notes  Supervisory Documentation
	B - Parent Educators individualize Personal Visits in response to a family's culture, languages spoken in the home, needs, interests, and learning styles.		 Participant Files  Personal Visit Record  Supervisory Documentation











Principle	Practice	Benchmark	Documentation  Hard Copy Files
	C - Parent Educators and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.	PVRs and other program documentation reflect the encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in the Personal Visit and efforts made to engage the father.	 Personal Visit Record  Supervisory Documentation
PV6 - Programs provide Personal Visits in a manner that respects the family and cultural values of each participant.	D - Parent educators use the Parent Educator Resources, Toolkit, and Parent Handouts from the PAT curriculum to share research-based information with families.		 Personal Visit Record
	E - Parent educators connect families to resources that help them reach their goals and address their needs.		 Personal Visit Record
	F - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.		 Program Files
PV7 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.  Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to participate in DTSP.	A - Developmental Training and Support Program (DTSP) trained Parent Educators utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Personal Visits.	DTSP trained Parent Educators videotape 75% of their participants at least twice per year.	 Personal Visit Record















Principle	Practice	Benchmark	Documentation  Hard Copy Files
	B - Parent Educators use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Parent Educators document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.	 Participant Files
		Parent Educators and Supervisors review videotapes of families within the program as part of staff development or service planning. Parent Educators and Supervisors document this review accordingly.	 Participant Files  Supervisory Documentation  Team Meeting Notes
	C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.		 Participant Files
PV7 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.  Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to participate in DTSP.	D - Parent Educators incorporate issues raised or discussed in review of the tapes (including the PCOG or MCG) into the Family Goal Plan.		 Family Goal Plan  Staffing Notes  Supervisory Documentation
PV8 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair the parent-child relationship, programs make efforts to identify maternal depression as early as possible, and to help depressed participants access services.	A - Programs have policies and procedures for administration of a standardized depression screening tool that specify how and when the tool is to be used with all families participating in the program, and assure that all staff who administer the tools are fully trained.		 Case Notes  Participant Files  Policy and Procedure Manual  Supervisory Documentation  Training Records

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.		 Case Notes  Participant Files  Policy and Procedure Manual  Supervisory Documentation
	C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet. Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement maternal depression screenings.	Unless programs reach another agreement with IBTI, Parent Educators screen 100% of consenting active participants prenatally and twice postpartum (at 4-6 weeks and 6 months).	 Participant Files

# PTS-PAT Best Practice Standards










## Doula

Principle	Practice	Benchmark	Documentation  Hard Copy Files
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	 Participant Files  Program Narrative
D2 - Doula Personal Visits are of sufficient intensity to impact program outcomes.	A - Doula Personal Visits last between 1.0 and 1.5 hours.	80% of Doula Personal Visits last between 1.0 and 1.5 hours.	 Personal Visit Record
D3 - Doula Personal Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas help families recognize and expand upon their existing strengths and protective factors.		 Personal Visit Record  Supervisory Documentation
	B - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, understand and develop enjoyable prenatal and postpartum interaction with their child, and develop parental interest in their child's development.		 Participant Files  Personal Visit Record
	C - Doulas address all three areas of emphasis (parent-child interaction, development centered parenting, family well-being) in Personal Visits, including when addressing a family's immediate needs or a crisis situation.		 Personal Visit Record  Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>D3 - Doula Personal Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>	<p>D - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.</p>	<p>Doulas document discussions with participants about breastfeeding in PVRs.</p>	<p> Personal Visit Record</p>
	<p>E - Doulas use universal precautions in work with infants and toddlers.</p>		<p> Supervisory Documentation   Team Meeting Notes</p>
	<p>F - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members, if interested.</p>		<p> Case Notes</p>
	<p>G - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.</p>		<p> Case Notes</p>
	<p>H - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.</p>	<p>Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby's first month of life.</p>	<p> Personal Visit Record   Program Narrative</p>
		<p>Doulas attend FANA training and complete FANA certification within one year of hire.</p>	<p> Supervisory Documentation   Training Records</p>
	<p>I - Personal Visits are documented no more than two working days after the visit. Related data entry is completed within one week of the Personal Visit.</p>		<p> Personal Visit Record   Policy and Procedure Manual   Program Narrative   Supervisory Documentation</p>




































Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
D4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.		📁 Personal Visit Record
D5 - Programs conduct Doula Personal Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	Doulas develop a birth plan with each participant. This plan can serve as the participant's first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	📁 Participant Files
D6 - Programs provide Doula Personal Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		<ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Personal Visit Record</li> <li>📁 Program Narrative</li> <li>📁 Staffing Notes</li> <li>📁 Supervisory Documentation</li> </ul>
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	PVRs and other program documentation reflect the encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in the Personal Visit, who is at the birth, and efforts the Doula makes to engage the father.	<ul style="list-style-type: none"> <li>📁 Personal Visit Record</li> <li>📁 Supervisory Documentation</li> </ul>
	C - Doulas certified in the Foundational curriculum use the curriculum to deliver Doula Personal Visits with a focus on child development and parent-child interaction.		<ul style="list-style-type: none"> <li>📁 Personal Visit Record</li> <li>📁 Program Abstract</li> </ul>
	D - Doulas use the Parent Educator Resources, Toolkit, and Parent Handouts from the PAT curriculum to share research-based information with families.		📁 Personal Visit Record






















Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.</p>	<p>A - During the last trimester of pregnancy, participants receive additional direct services provided through the Doula program. These will include prenatal education, support, advocacy with medical providers, and preparation of a birth plan.</p>	<p>Doulas complete 80% of Doula Personal Visits at the expected frequency.</p>	<ul style="list-style-type: none"> <li> Personal Visit Record</li> <li> Program Abstract</li> <li> Program Narrative</li> </ul>
	<p>B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.</p>	<p>75% of Doula participants have a Doula attended birth.</p>	<ul style="list-style-type: none"> <li> Participant Files</li> <li> Program Narrative</li> </ul>
	<p>C - Doula programs have established, written protocols that outline procedures for when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.</p>		<ul style="list-style-type: none"> <li> Program Files</li> </ul>
<p>D8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.</p>	<p>Doulas support the young parent's self-determination while encouraging prenatal care, and the initiation of breastfeeding, and promoting emotional availability and engagement with her developing newborn.</p>	<p>75% of participants initiate breastfeeding.</p>	<ul style="list-style-type: none"> <li> Participant Files</li> <li> Personal Visit Record</li> </ul>

# PTS-PAT Best Practice Standards

## Screening












Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services. (PAT ER 14)</p>	<p>A - It is essential that programs complete formal screening (hearing, vision, developmental, and the health record) at least annually for all eligible children.</p>	<p>100% of children receive initial screening within 90 days of enrollment.</p>	<ul style="list-style-type: none"> <li> Annual Individual Service Record</li> <li> Health Record</li> <li> Participant Files</li> <li> Policy and Procedure Manual</li> </ul>
	<p>B - All children, up to age three, of the family receiving services receive hearing and vision screenings at least once each program year.</p>	<p>100% of children, up to age three, receive functional vision screenings at least once per fiscal year.</p>	<ul style="list-style-type: none"> <li> Annual Individual Service Record</li> <li> Health Record</li> <li> Participant Files</li> <li> Policy and Procedure Manual</li> <li> Program Narrative</li> </ul>
		<p>100% of children, up to age three, receive hearing screening using optoacoustic emissions at least once per fiscal year. Programs can use pure tone audiometry for children 30 months or older.</p>	<ul style="list-style-type: none"> <li> Annual Individual Service Record</li> <li> Health Record</li> <li> Participant Files</li> <li> Policy and Procedure Manual</li> </ul>
	<p>C - Programs have procedures for child screening, rescreening, and referral.</p>		<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> <li> Program Files</li> </ul>
	<p>D - Prior to screening, parents receive information about the purpose of the screening, along with what they can expect during and following the screening of their child.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> </ul>
	<p>E - Screening is conducted with sensitivity to the languages spoken in the home and the family's cultural background.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> </ul>












Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services.</p>	<p>F - All participating children, up to age six, receive developmental screening at the following ages: three, six, nine, and 12 months, and every six months from age one through six. Programs emphasize parental involvement in the screening process.</p>	<p>95% of children have two documented screenings for developmental delay in the first year of life.</p>	<p> Annual Individual Service Record   Participant Files</p>
		<p>95% of children have one documented screening for developmental delay in the second year of life.</p>	<p> Annual Individual Service Record   Participant Files</p>
		<p>96% of children have one documented screening for developmental delay in the third year of life.</p>	<p> Annual Individual Service Record   Participant Files</p>
		<p>90% of children are up-to-date with expected developmental screenings.</p>	<p> Participant Files</p>
	<p>G - Screening incorporates parent observations of the child.</p>		<p> Participant Files</p>
	<p>H - Parent Educators share parenting strategies and parent-child activities tied to developmental screening results.</p>		<p> Participant Files   Personal Visit Record   Supervisory Documentation</p>
	<p>I - Parents receive verbal and written summaries of all developmental screening results.</p>		<p> Participant Files   Policy and Procedure Manual</p>
	<p>J - Programs track children who are suspected of having a developmental delay, follow through with appropriate referrals, and follow up to determine if services were received.</p>	<p>Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.</p>	<p> Participant Files</p>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
S1A Programs provide social emotional screening and referral services to all enrolled families to identify social emotional delays and refer families to appropriate early intervention services.	3, 6, 9, 12, 18, 24, 30, and 36 months.	75% of target children receive social emotional screening and the recommended intervals and 95% of children delayed are referred to early intervention services.	
S2 - Programs work with participants to help them establish medical and dental homes for their children and help them obtain routine preventive care.	A - Parent Educators ensure that parents and children link to a medical provider for routine health care, well-child care, and timely immunizations.	96% of target children have completed the 3-2-2 immunization series by age 12 months.	 Health Record  Participant Files
		90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	 Health Record  Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	 Health Record  Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	 Health Record  Participant Files
		90% of target children have one well-child visit in the third year of life (by age 36 months).	 Health Record  Participant Files
		90% of target children are up-to-date with immunizations and well-child visits.	 Participant Files
		92% of target children have a documented primary care provider.	 Participant Files
S3 - Parent Educators maintain proper documentation of screening data and share this information with parents.	Completed screening results are maintained as part of the family file.		 Participant Files  Policy and Procedure Manual
S4 - Parent Educators promote proper child development by utilizing rescreening and follow-up procedures.	When indicated by screening results, Parent Educators make and document recommendations for further assessment.		 Participant Files  Policy and Procedure Manual
S5 - Parent Educators promote proper child development by utilizing rescreening and follow-up procedures.	Parent Educators help parents address concerns and barriers in following through on further assessment as needed.		 Participant Files  Policy and Procedure Manual  Supervisory Documentation

# PTS-PAT Best Practice Standards

## Prenatal Groups

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.</p>	<p>A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.</p>		 Group Plans
	<p>B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).</p>	<p>Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.</p>	 Group Plan
	<p>C - Curricula and other materials used in Prenatal Group are culturally competent and focused on common prenatal issues (programs must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).</p>	<p>Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.</p>	 Group Plans  Program Abstract  Program Narrative
	<p>D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.</p>		 Group Plans  Group Evaluations  Team Meeting Notes
	<p>E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group connections.</p>		 Process Notes  Supervisory Documentation












Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE2 - Prenatal Groups enhance the intensity and focus of Personal Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>A - Prenatal Group facilitators provide information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.</p>		<ul style="list-style-type: none"> <li> Group Plans</li> <li> Quarterly Narrative – Group Topic Calendar</li> </ul>
	<p>B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.</p>		<ul style="list-style-type: none"> <li> Group Plans</li> <li> Quarterly Narrative – Group Topic Calendar</li> </ul>
	<p>C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.</p>		<ul style="list-style-type: none"> <li> Group Plans</li> </ul>
	<p>D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.</p>		<ul style="list-style-type: none"> <li> Group Plans</li> <li> Quarterly Narrative – Group Topic Calendar</li> </ul>
<p>PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, helping the parent develop emotional availability for the baby.</p>	<p>A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.</p>	<p>Each Prenatal Group session has a documented parent-child activity.</p>	<ul style="list-style-type: none"> <li> Group Plans</li> </ul>
<p>PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>	<p>A - Prenatal Group membership and facilitators are as consistent as possible.</p>		<ul style="list-style-type: none"> <li> Program Abstract</li> <li> Group Plans</li> </ul>

















Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
<p>PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>	<p>B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six- to eight- week session.</p>		<p>📁 Program Abstract 📁 Group Plans</p>
	<p>C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.</p>	<p>Programs hold 90% of planned Prenatal Group sessions.</p>	<p>📁 Program Abstract 📁 Quarterly Narrative – Group Topic Calendar</p>
	<p>D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.</p>		<p>📁 Group Plans</p>
	<p>E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.</p>		<p>📁 Macro Plans</p>
	<p>F - Prenatal Group arrangements include a nutritious meal or snack.</p>		<p>📁 Program Abstract 📁 Group Plans</p>
	<p>G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.</p>		<p>📁 Group Evaluations 📁 Group Meeting Record 📁 Group Plans 📁 Policy and Procedure Manual</p>
<p>PRE5 - Prenatal Group services enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.</p>	<p>These groups promote transition to ongoing program services such as Personal Visits and Parent Group services for both enrolled participants and those not yet actively enrolled in the IBTI program.</p>		<p>📁 Group Plans</p>



















# PTS-PAT Best Practice Standards

## Parent Groups\*









Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PAR1 - Parent Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between parent and child. Parent Group activities provide opportunities for positive peer interaction.</p>	<p>A - A portion of the Parent Group connection focuses on the sharing of experiences and ideas of group members about various topics, such as parenting, family planning, health care, career exploration, education, housing, and childcare.</p>		 Group Plans
	<p>B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).</p>	<p>Parent Group plans reflect activities and approaches used in Parent Group sessions.</p>	 Group Plans
	<p>C - Topics, curricula, and other materials used in Parent Group connections are culturally competent and focused on parenting issues (programs must discuss use of supplemental non-parenting focused curricula with the IBTI Program Advisor).</p>	<p>Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.</p>	 Group Plans  Program Abstract  Program Narrative
	<p>D - Planning of Parent Group connections reflects the input of participants, site staff, and goal plans.</p>		 Group Evaluations  Group Plans  Team Meeting Notes
	<p>E - Parent educators establish a welcoming group connection environment.</p>		 Group Plans
	<p>F - At the beginning of each Group Connection, Parent Educators provide parents with an overview of what to expect during the group connection.</p>		

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PAR2 - Parent Groups enhance the intensity and focus of the Personal Visits with pregnant and parenting teens. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>A - Parent Group facilitators provide participants with information and support regarding the delay of subsequent births, effective family planning, including abstinence (as the only 100% protection from risk), birth control, and protection from STIs, including HIV/AIDS. Curricula and materials used are medically accurate.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.</p>		 Group Plans  Quarterly Narrative: Group Topic Calendar
	<p>E - Personal Visit participants are the primary target audience of IBTI Parent Group Services.</p>	<p>100% of Parent Group participants are actively engaged in Personal Visits.</p>	 Group Roster  Participant Files  Staffing Notes  Supervisory Documentation
	<p>F - Program staff monitors Personal Visit and Group Connection participation rates and uses a variety of strategies to address engagement of families in services.</p>		 Program Files  Group Documentation
<p>PAR3 - Parent Group services are parent-child focused, as well as responsive to the parent and child’s developmental and environmental needs.</p>	<p>A - A part of each Parent Group connection has activities that encourage successful communication and enjoyable interaction between parent and child, and between group members.</p>	<p>Each Parent Group session has a documented parent-child activity.</p>	 Group Plans

Principle	Practice	Benchmark	Documentation  Hard Copy Files
PAR3 - Parent Group services are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	B - A portion of the Parent Group connection allows parents to meet apart from children.		 Group Plans
	C - Childcare arrangements ensure safety and consistency in caregivers. Programs provide adequate screening and supervision of childcare providers.	Programs screen 100% of childcare providers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	 Group Plans  Program Narrative
	D - Across the year, Group Connections address all three areas of emphasis and all ages of children served.		 Group Plans  Policy and Procedure Manual  Program Abstract  Supervisory Documentation
	E - Program staff provides information and resources that help families extend their learning beyond the Group Connection.		 Group Plans
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment.	A - Parent Group membership and facilitators are consistent.	Parent Group participants are required to attend 75% of group connections to remain enrolled in groups.	 Group Plans  Program Abstract
	B - Parent Group plans address content areas in-depth over several weeks through various topics.		 Group Plans  Quarterly Narrative – Group Topic Calendar
	C - Parent Group Coordinators submit 10-week macro plans to their IBTI Program Advisor on a quarterly basis.		 Macro Plans
	D - Parent Group documentation includes group micro plans, attendance, and post-group process notes for each Group Connection.		 Group Plans  Group Connection Planner and Record

Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
PAR4 - Parent Groups are an ongoing service strategy. The duration of the group must be long enough to sustain relationships that promote trust and goal attainment. <i>(PATER 13)</i>	E - Each Parent Group meets a minimum of forty times per fiscal year, optimally on a weekly basis.	Programs hold 90% of planned Parent Group connections.	📁 Program Abstract
	F - Optimal Parent Group size is six to twelve participants.	Each Parent Group maintains an average attendance of at least five participants.	📁 Program Abstract
	G - Parent Group arrangements include a nutritious meal or snack and transportation to and from group.		📁 Group Plans 📁 Program Abstract 📁 Program Narrative
	H - Group Connections are offered at times and locations convenient for family members.		📁 Group Plans
	I - The facilities, locations, and materials used are appropriate for the format and size of the program's Group Connections.		📁 Group Plans
	J - Programs complete a written evaluation plan for Parent Group services that includes a procedure for gathering feedback from Parent Group participants.		📁 Group Evaluations 📁 Group Meeting Record 📁 Group Plans 📁 Policy and Procedure Manual
	K - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Parent Group connections.		📁 Group Meeting Record 📁 Supervisory Documentation
PAR5 - Programs provide Parent Groups in consideration of and as a support to each participant's family and cultural values.	A - Parent Groups provide support for the involvement of fathers, other primary care givers, and extended family members (i.e., periodic family nights, grandparent events, and fathers' nights).		📁 Group Plans 📁 Program Narrative
	B - It is optimal that staff members (volunteer and paid) reflect the cultural values and strengths of the participants' community.		📁 Program Files


















Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
PAR5 - Programs provide Parent Groups in consideration of and as a support to each participant's family and cultural values.	C - Programs use parents as a resource to identify topics for, plan, and facilitate Parent Group Connections.		<ul style="list-style-type: none"> <li>📁 Group Plans</li> <li>📁 Program Narrative</li> </ul>
PAR6 - All other Parent Groups maintain a primary focus on parenting and target achievement of one or more of the IBTI program goals. These groups are time-limited and target a specific population other than first-time pregnant and parenting teens. Examples include but are not limited to prenatal groups, school-based groups for pregnant and parenting teens, play groups, co-parenting teen couples' groups, grandparent groups, and father's groups.	A - Other Parent Groups provide a variety of activities for participants prior to and with the goal of formal enrollment in the IBTI program.		<ul style="list-style-type: none"> <li>📁 Group Plans</li> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> <li>📁 Quarterly Narrative Report – Group Topic Calendar</li> </ul>
	B - Other Parent Groups enhance current group services for enrolled participants, or these groups may support or enhance those directly involved with a current participant and child actively enrolled in the IBTI program.		<ul style="list-style-type: none"> <li>📁 Group Plans</li> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> <li>📁 Quarterly Narrative Report – Group Topic Calendar</li> </ul>
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	A - Programs implement Heart to Heart in one ongoing Parent Group during the fiscal year if indicated in the Program Abstract. Programs may add additional Heart to Heart groups with Ounce approval.		<ul style="list-style-type: none"> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> <li>📁 Quarterly Narrative</li> </ul>
	B - Programs utilize Heart to Heart co-facilitators according to the program design.	Programs identify two Heart to Heart co-facilitators in the Program Abstract.	<ul style="list-style-type: none"> <li>📁 Group Plans</li> <li>📁 Program Abstract</li> <li>📁 Training Records</li> </ul>
	C - In order to implement Heart to Heart in a manner that ensures cohesiveness and trust within the group, programs limit Heart to Heart enrollment.	Programs enroll Heart to Heart participants by the third session.	<ul style="list-style-type: none"> <li>📁 Group Roster</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
PAR7 - The specialized curriculum known as Heart to Heart is an enhancement to Parent Groups that focuses on child sexual abuse prevention and enhancement of parent-child relationships.	D - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.	To be eligible to participate in the Heart to Heart graduation ceremony, participants cannot miss more than two sessions.	 Group Roster
	E - Programs plan and implement a Heart to Heart graduation ceremony as the group's closing activity.	Heart to Heart trained Parent Educators can implement group sessions during Personal Visits to allow Heart to Heart group members to participate in graduation. Programs cannot count this towards group attendance in OunceNet.	 Personal Visit Record
	F - Heart to Heart facilitators ensure the completion of a Community Service Project involving group participants and community residents or service providers as part of curriculum implementation.	Programs document the Community Service Project in the Fourth Quarter Narrative report.	 Groups Plans  Quarterly Narrative Report
	G - Prior to Heart to Heart implementation, each program must: <ol style="list-style-type: none"> <li>1) Designate a clinical consultant to provide support for Heart to Heart facilitators during program implementation</li> <li>2) Identify clinical treatment resources (such as a sexual assault center) for participants who disclose abuse</li> <li>3) Provide verification of an up-to-date child abuse reporting protocol</li> <li>4) Complete a Heart to Heart Support and Intervention Plan.</li> </ol>		 Child Abuse Reporting Protocol  Program Abstract  Program Narrative

\*Programs that receive MIECHV **only** funding from the Ounce are not required to adhere to these standards.

# PTS-PAT Best Practice Standards
















## Infant Mental Health\*

Principle	Practice	Benchmark	Documentation  Hard Copy Files
IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace the core family support strategies of Personal Visiting and Parent Groups.	A - Programs target IBTI participants for IMH services.		 Participant Files
	B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.		 Program Abstract  Program Narrative
	C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.		 Case Notes  Participant Files  Program Abstract  Program Narrative  Staffing Notes  Supervisory Documentation
	D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.		 Participant Files  Program Narrative  Quarterly Narrative Report
	E - IMH services include consultation with program staff.		 Program Abstract  Program Narrative  Staffing Notes  Team Meeting Notes











\*Only programs that receive funding specifically for Infant Mental Health are required to adhere to these standards.







# PTS-PAT Best Practice Standards











## Program Structure & Governance








Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population, planned intensity of services, including frequency and duration of contact, and program goals and objectives.	100% of programs use the level system to determine frequency of Personal Visits.	 Program Abstract  Program Narrative
	B - Programs use income guidelines to determine eligibility for program services.	100% of participants are below 185% of the federal poverty level or receiving WIC services.	 Income Eligibility Documentation
	C - Short-term services such as community education, Prenatal Group, and Doula are offered to participants under the following conditions: <ul style="list-style-type: none"> <li>• Services enhance the program’s profile in the community as a collaborator and provider of specialized teen parent services.</li> <li>• Participants are teen parents.</li> <li>• No more than 20% of Doula participants receive short-term Doula services.</li> <li>• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.</li> <li>• The majority of participants attending Prenatal Group have an active IBTI enrollment status.</li> </ul>		 Program Abstract
			 Program Abstract
			Programs enroll 80% of Doula participants in Personal Visiting services.  Participant Files  Program Abstract  Program Narrative
			 Participant Files  Program Narrative  Quarterly Narrative Report
			 Group Rosters
	D – It is recommended that programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.		 Participant Files  Supervisory Documentation



















Documentation			
Principle	Practice	Benchmark	Hard Copy Files
<p>SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.</p>	<p>E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.</p>	<p>100% of programs measure and analyze their family enrollment, service intensity, acceptance, retention, and attrition rates on an annual basis.</p>	<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> <li> Program Files</li> </ul>
	<p>F - Programs track trends and changes in their target population and adjust their program plans as indicated.</p>	<p>100% of programs document trends or changes in their target population.</p>	<ul style="list-style-type: none"> <li> Program Abstract</li> <li> Quarterly Narrative Report</li> </ul>
	<p>G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to target population.</p>		<ul style="list-style-type: none"> <li> Program Budget</li> <li> Program Budget Narrative</li> </ul>
	<p>H - Programs work to maintain or strengthen its funding on an ongoing basis.</p>		<ul style="list-style-type: none"> <li> Program Budget</li> <li> Program Budget Narrative</li> <li> Program Files</li> </ul>
	<p>I - Program design and staffing is informed by community needs.</p>		<ul style="list-style-type: none"> <li> Program Files</li> </ul>















Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program.	A - Programs maintain full enrollment.	Program enrollment is at least 85% of the program's capacity (see page 176 for details). Parent Educators with caseloads of 25 are at the maximum point capacity (i.e., 26 points) regardless of the actual point value of the caseload.	 Program Abstract
(PATER 13)	B - In order to ensure staff's capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Parent Educator exceeds 25 participants, regardless of the point values of the caseload. Full time 1 <sup>st</sup> year parent educators complete no more than 48 visits per month during their first year, and full time parent educators in their 2 <sup>nd</sup> year and beyond complete no more than 60 visits per month)	100% of staff caseloads have 25 or fewer participants.	 Program Abstract
	C - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, and volunteer recruitment, orientation, training, and supervision.  This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	A ratio of .25 FTE per group is required.	 Program Abstract  Program Narrative
	D - Supervisors have relationships with participants to ensure responsiveness to participant needs.		 Program Files










Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. <i>(PATER 16)</i>	E - At least annually, programs gather and summarize feedback from families about the services they've received, using the results for program improvement.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.  This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	 Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. <i>(PATER 4)</i>	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis. Supervisors document the number of hours spent in supervision for each staff member.	Each staff person receives 46 individual supervisions per fiscal year.	 Program Abstract  Program Narrative  Supervisory Documentation
	B - Supervisors maintain a record of supervision with each Parent Educator as well as documentation of staff meetings.		 Supervisory Documentation
	C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site.	Programs hold 75% of expected clinical support sessions.	 Clinical Support Notes
	D - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work, and provides them with skill development and professional support.	Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract.	 Program Abstract  Program Files  Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	E - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.		 Supervisory Documentation
<i>(PAT ER 5)</i>	F - Supervisors observe new Parent Educators delivering one Personal Visit, one Screening, and one Group Connection within six months after PAT training and again at one year. Feedback from the observations is provided to the Parent Educator.		 Policy and Procedure Manual  Supervisory Documentation
	G - Parent Educators in their second year of employment and beyond are observed by the Supervisor or lead Parent Educator delivering a Personal Visit and provided with written and verbal feedback at least annually. Supervisors use the PAT Personal Visit observation form to record observations of Parent Educators on Personal Visits.		 Supervisory Documentation
	H - The Supervisor observes at least one Group Connection quarterly, and reviews corresponding planning/delivery documentation and evaluations for each.		 Supervisory Documentation
	I - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal.		 Program Abstract
















Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.</p>	<p>J - Individual, reflective supervision covers case discussion and provides opportunities to address at least the following:</p> <ul style="list-style-type: none"> <li>• Roles, ethics, and boundaries</li> <li>• Skill development and effective use of PAT curricula,</li> <li>• How to care for one's own well-being and avoid burnout</li> </ul>		<p> Supervisory Documentation</p>
<p>SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources and to provide integrated services for parents and their children.</p>	<p>A - Programs have a 100% FTE Program Director. This person is responsible for program oversight, (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.</p> <p>This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>		<p> Program Abstract</p>
	<p>B - Programs hire well-qualified supervisors who have at least the following:</p> <ul style="list-style-type: none"> <li>• At least a bachelor's degree in early childhood education, social work, health, psychology or a related field</li> <li>• At least five years of experience working with families and young children</li> <li>• Strong interpersonal skills</li> <li>• Commitment to reflective supervision, data collection, and continuous quality improvement</li> </ul>		<p> Policy and Procedure Manual</p>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for parents and their children.	C - Supervisors attend, at a minimum, the two-day PAT Model Implementation training before supervising Parent Educators. The three-day Foundational training is recommended.		 Training Records
	D - The Supervisor of the Parent Educators accesses a minimum of 10 hours of professional development each year.		 Training Records
SG5 - Where programs receive funding for Personal Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	A - Personal Visit participants are the primary target audience of IBTI Group Services.  This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	100% of Parent Group participants are actively engaged in Personal Visits.	 Group Rosters  Participant Files  Staffing Notes  Supervisory Documentation
	B - Staff in all service components shares information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.  This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.	 Program Abstract  Program Narrative  Team Meeting Notes
	C - Staff meetings cover administrative issues and provide opportunities for review of implementation data, case discussion, peer support, and skill building.		 Program Files  Staff Meeting Notes










Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>A - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.</p>		 Supervisory Documentation  Training Records
	<p>B - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.</p>		 Quarterly Narrative Report  Staff Development Plans  Supervisory Documentation  Training Records
	<p>C - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, domestic violence, substance abuse, cultural competency, parent-child attachment, and community resources.</p>		 Supervisory Documentation  Training Records
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>D - To be eligible for recertification, Parent Educators access competency-based professional development and training according to the following minimum schedule:</p> <ul style="list-style-type: none"> <li>• Year 1: 20 hours</li> <li>• Year 2: 15 hours</li> <li>• Year 3 and beyond: 10 hours</li> </ul>		 Supervisory Documentation  Training Records
<p>(PAT ER 8)</p>	<p>E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.</p>		 Policy and Procedure Manual  Supervisory Documentation  Training Records












Principle	Practice	Benchmark	Documentation  Hard Copy Files
(PAT ER 7)	<p>F - Annually, Parent Educators self-assess and document competencies across the following areas:</p> <ul style="list-style-type: none"> <li>• Family support and parenting education,</li> <li>• Child and family development,</li> <li>• Human diversity within family systems,</li> <li>• Health, safety, and nutrition, and</li> <li>• Relationships between families and communities.</li> </ul>		 Supervisory Documentation
	<p>G - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.</p>		 Policy and Procedure Manual  Program Files  Supervisory Documentation  Team Meeting Records
	<p>H - Caseloads allow sufficient time for all responsibilities of the Parent Educator, including at least the following:</p> <ul style="list-style-type: none"> <li>• Service delivery, including planning, travel, and record keeping,</li> <li>• Supervision,</li> <li>• Staff meetings, and</li> <li>• Professional development.</li> </ul>		 Supervisory Documentation
	<p>I - Programs have access to a licensed mental health professional that provides consultation to program staff members regarding their work with families.</p>		 Team Meeting Records
	<p>J - Parent educators obtain competency-based professional development and training and renew certification with the national office annually.</p>		 Policy and Procedure Manual




































Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.</p>	<p>K - Programs implement an orientation process that begins with the hiring of the Parent Educator and continues throughout the first year after training is in place.</p>		<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> <li> Supervisory Documentation</li> </ul>
	<p>L - New Parent Educators observe experienced Parent Educators deliver at least one Personal Visit, one Group Connection, and one Screening within their first six months after PAT training.</p>		<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> <li> Supervisory Documentation</li> </ul>
	<p>M - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing and in-service training is required.</p>	<p>Doulas attend the three day PAT Foundational training and the two-day PAT Model Implementation training within the first six months of hire, and attend the first available Doula Basic training in relationship to their hire date.</p>	<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>N - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.</p>	<p>Doulas and Doula Supervisors complete DONA training within three months of hire.</p>	<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
<p>SG7 - All IBTI services are responsive to the culture of the families served.</p>	<p>A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.</p>		<ul style="list-style-type: none"> <li> Program Files</li> </ul>
	<p>B - Parent educators take language and culture into consideration when connecting families to resources.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> <li> Personal Visit Record</li> <li> Supervisory Documentation</li> </ul>
	<p>C - Programs train staff annually on the specific cultural needs of their participants and target community.</p>		<ul style="list-style-type: none"> <li> Team Meeting Notes</li> <li> Training Records</li> </ul>




















Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern.</p>	<p>H - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff. In addition, volunteers receive the same training and quality of supervision as would a paid staff person with similar duties.</p>	<p>Programs screen 100% of program interns and volunteers in the same manner as paid staff. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.</p>	<ul style="list-style-type: none"> <li> Policy and Procedure Manual</li> <li> Program Files</li> <li> Program Narrative</li> </ul>
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p>	<p>A - Community partners identified as referral sources for screening, assessment, and program intake match the program's target population and meet any specific PAT requirements.</p>		<ul style="list-style-type: none"> <li> Program Files</li> <li> Program Narrative</li> </ul>
	<p>B - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.</p>		<ul style="list-style-type: none"> <li> Program Narrative</li> <li> Team Meeting Notes</li> </ul>
	<p>C - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage screened/identified.</p>		<ul style="list-style-type: none"> <li> Program Files</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p>	<p>D - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.</p>		<ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Files</li> <li> Program Narrative</li> </ul>
	<p>E - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.</p>		<ul style="list-style-type: none"> <li> Program Abstract</li> <li> Program Files</li> <li> Program Narrative</li> </ul>
	<p>F - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of and working relationship with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, early intervention, substance abuse, domestic violence services, and childcare.</p>		<ul style="list-style-type: none"> <li> Community Resource Directories</li> <li> Team Meeting Notes</li> </ul>
	<p>G - Parent educators are well-informed about how families can access resources.</p>		<ul style="list-style-type: none"> <li> Program Files</li> <li> Team Meeting Notes</li> </ul>












Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. (PAT ER 16)	H - An up-to-date resource network directory is available, covering at least the following resources: <ul style="list-style-type: none"> <li>• Medical care</li> <li>• Mental health care</li> <li>• Social services</li> <li>• Educational services</li> </ul>		 Community Resource Directory  Policy and Procedure Manual  Program Files
	I - Parent Educators connect families to resources that help them reach their goals and address their needs.		 Participant Files  Personal Visit Record  Policy and Procedure Manual  Supervisory Documentation
	J - Parent Educators help families prepare for connecting with a resource.		 Case Notes  Supervisory Documentation
	K - Written permission to exchange information is obtained from families prior to contact with other resources and providers.		 Participant Files
	L - Release of information forms used for referrals should be specific to the referral agency and time limited.		 Participant Files  Policy and Procedure Manual
	M - Parent Educators consult with other organizations serving the family to coordinate services and optimally support the family.		 Participant Files  Personal Vision Record  Policy and Procedure Manual  Staffing Notes  Supervisory Documentation
	N - Parent Educators follow up with families about the outcomes of recommended resource connections, addressing barriers as applicable		 Participant Files  Policy and Procedure Manual
	O - Families are asked for feedback regarding their experiences with recommended resources.		 Program Files  Supervisory Documentation  Team Meeting Notes

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p> <p>(PAT ER 3)</p>	<p>P - Parent Educators document resource connections and follow up in the family file.</p>		 Participant Files
	<p>Q - Programs have an advisory committee that meets at least once every six months. The advisory committee can be part of a larger committee, community network, or coalition as long as the group includes a regular focus on the PAT program.</p>		 Advisory Board Minutes  Policy and Procedure Manual  Program Files
	<p>R - The advisory committee includes involvement of program personnel, community service providers, families who have received or are receiving PAT services, and community leaders.</p>		 Program Files
	<p>S - Programs take an active role in community wide planning for early childhood comprehensive services.</p>		 Program Files  Team Meeting Notes
<p>SG10 - Programs are aware of and sensitive to participants' experiences of services.</p>	<p>Programs contact participants who drop out of the program to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.</p>		 Exit Record  Program Files

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG11 - Programs participate in evaluation activities to determine the effectiveness of services.</p>	<p>A - Programs cooperate with the Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.</p>		 Participant Files
	<p>B - Data on program services are shared with the advisory committee and other stakeholders at least annually.</p>		 Policy and Procedure Manual  Program Files
	<p>C - Program staff uses information about implementation on an ongoing basis to identify strengths and issues, and make improvements.</p>		 Program Files  Team Meeting Notes
	<p>D - Programs measure outcomes for the families served.</p>		 Policy and Procedure Manual  Program Files
	<p>E - The Supervisor or lead Parent Educator uses the Affiliate Quality Assurance Blueprint to monitor fidelity to the PAT model.</p>		 Program Files
	<p>F - Programs have written process for continuous quality improvement.</p>		 Program Files
<p>SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.</p>	<p>A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and/or Visit Tracker and cooperate with all elements of data collection, training, and reporting information as required by IBTI.</p>	<p>100% of program staff participates in OunceNet and/or Visit Tracker training.</p>	 Participant Files  Training Records
	<p>B - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Personal Visit's documentation.</p>		 Participant Files

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	C - Programs have written policies and procedures that address at least the following: <ul style="list-style-type: none"> <li>• Intake and enrollment</li> <li>• Services provided to families, including timelines and frequency</li> <li>• Transition planning and exit</li> <li>• Data collection and documentation of services</li> <li>• Staff qualifications and personnel policies</li> <li>• Orientation and training for new staff</li> <li>• Supervision and professional development,</li> <li>• Parent Educator safety</li> </ul>	Programs have written policies and procedures within two years of beginning PAT implementation.	 Policy and Procedure Manual
<i>(PAT ER 17)</i>	D - The affiliate annually reports data on service delivery and program implementation through the APR; affiliates use data in an ongoing way for purposes of continuous quality improvement, including participating in the Quality Endorsement and Improvement Process every five years.	100% of programs submit the required documentation for annual recertification to PAT National Center by August 15 of each year.	 Policy and Procedure Manual  Program Files











Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	E - Programs maintain an efficient and comprehensive system of service documentation, data collection, and reporting that includes at least the following: <ul style="list-style-type: none"> <li>• Enrollment information, including consents</li> <li>• Assessment</li> <li>• Goal setting</li> <li>• Personal Visits</li> <li>• Group Connections</li> <li>• Child screening</li> <li>• Resource connections</li> <li>• Contact/service history</li> <li>• Exit/transition</li> </ul>		 Annual Individual Service Record  Annual Summary of Services  Enrollment Record  Exit Record  Health Record  Policy and Procedure Manual  Program Files  Screening Recommendations
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	F - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers are equipped with up-to-date and functional virus protection software.	 Program Files
	G - Programs will adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 125 for specific information on what should be restricted on OunceNet computers.		 Program Files

## A6. PTS-NFP Best Practice Standards








### Initial Engagement/Screening & Assessment












Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
IE1 - By targeting pregnant, low-income, first-time mothers, programs can effectively address child abuse, neglect, and other poor outcomes for teens, as well as their young children, in a community. (ME 2, 3)  <i>ME = Model Elements</i>	IBTI funded NFP programs target services for pregnant, low income, first-time mothers.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	📁 Income Eligibility Documentation
		100% of participants are first-time mothers.	
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally in order to form a trusting connection with new parents, and establish the program as a source of support and information.  (ME 4)	A – Programs enroll participants early to provide more time for establishing a strong therapeutic relationship while clients typically feel more vulnerable and open. Before the birth of the baby, early enrollment gives the Nurse, Home Visitor, and client a greater opportunity to affect the pregnancy by making health changes earlier.	Programs engage 100% of participants no later than 29 weeks gestation.	📁 Participant Files
		Programs enroll 60% of participants by 16 weeks gestation or earlier.	📁 Participant Files
	B - Programs contacts potential participant occurs within 24 hours of receipt of the referral.	Programs follow up on 80% of referrals within 24 hours.	📁 CIS Referral and Disposition Form 📁 Program Files
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child	A - Programs clearly define their target population and maintain annual tracking of the number of births and other demographic characteristics within that population to ensure they screen 100% of potential participants.	100% of programs define their target population and track the number of births.	📁 Program Abstract






Principle	Practice	Benchmark	Documentation  Hard Copy Files
maltreatment and other poor childhood outcomes.			
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of service, and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	B - Programs refer families that assess as high-risk to all other applicable services in the community if the program is full.	100% of programs assess families' risk levels and refer to other services as needed.	 Program Files
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs implement positive and persistent outreach for target families and those who screen or assess as high-risk to encourage their voluntary participation in the program.	100% of programs use positive outreach to engage potential participants.	 Supervisory Documentation
	B - Programs maintain up-to-date signed consents for services for all participants.	100% of participant files contain up-to-date, complete, and signed Ounce consent forms.	 Participant Files
	C - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet or Efforts to Outcomes. Refusal to sign a consent form for entry of their information into OunceNet or Efforts to Outcomes does not preclude a family from services.	Programs enter data into OunceNet or Efforts to Outcomes only after obtaining prior written consent 100% of the time.	 Participant Files
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Nurse Home Visitors and Doulas.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	 Participant Files  Program Narrative  Team Meeting Notes

# PTS- NFP Best Practice Standards

## Home Visiting

Principle	Practice	Benchmark	Documentation  Hard Copy Files
HV1 - Home Visiting is the core family support and early childhood education service provided by IBTI programs for pregnant and parenting teens and their children. (ME 5)	A - Home Visits take place on a schedule determined in partnership with the family, factoring in NFP expectations for frequency of visits based on participant phase.	Programs assign 100% of families to a service intensity level.	 Participant Files  Program Narrative
	B - Nurse Home Visitors complete NFP Home Visits on a one-to-one basis: one Nurse Home Visitor to one first-time mother or family.		 Participant Files
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. (ME 4,7)	A - Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Visit-to-Visit Guidelines.	100% of participants receive their first Home Visit before the end of their 28 <sup>th</sup> week of pregnancy.	 Participant Files
		Programs implement the following Home Visit schedule with participants: <ul style="list-style-type: none"> <li>• During the first four weeks of enrollment, programs see participants weekly.</li> <li>• From week five until the birth, programs see participants every other week.</li> <li>• During the first six weeks postpartum, programs see participants weekly.</li> <li>• From postpartum week seven through 20 months, programs see participants every other week.</li> <li>• From 21-24 months, programs see participants monthly.</li> </ul>	 Home Visit Form  Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. (ME 6)	B - Home Visits last a minimum of one hour.	80% of Home Visits last a minimum of one hour.	 Home Visit Form
	C - Nurse Home Visitors complete visits in the client's home.	100% of completed Home Visits take place in the home.	 Home Visit Form
	D - Programs use the NFP visit guidelines to guide service delivery.	Programs submit the name of any supplemental curriculum in their Program Abstract for Ounce approval.	 Program Abstract  Program Narrative
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Programs routinely address and promote positive parent-child interaction, attachment and bonding, and the development of nurturing parent-child relationships.		 Case Notes  Supervisory Documentation
	B - Nurse Home Visitors plan and structure each visit to enable parents to understand their child's stage of development, develop age-appropriate expectations, develop successful communication and enjoyable interaction with their child, and develop parental interest and pride in their child's development.	90% of participants complete a maternal efficacy questionnaire within 30 days of the first home visit and every six months thereafter during program enrollment. Programs are only expected to implement maternal efficacy questionnaires for the target child.  Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement the maternal efficacy questionnaire.	 Home Visit Form  Participant Files
	C - Programs have policies and procedures for strengthening families by addressing challenging issues such as substance abuse, intimate partner violence, developmental delays in parents, and mental health concerns. Practices indicate that		 Case Notes  Policy and Procedure Manual











Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>	<p>policies are being implemented.</p> <p>D - Programs utilize home safety checklists with families on a routine basis.</p>	<p>Home safety checklists are implemented with families within 45 days of the first completed home visit, then annually, at a minimum. Nurse Home Visitors are encouraged to use the checklists more frequently if needed to address concerns with families.</p>	<p> Case Notes</p> <p> Participant Files</p>
	<p>E - Nurse Home Visitors discuss the risks of smoking and provide smoking cessation information to participants who smoke. Materials may also be provided to family members who smoke, if interested.</p>		<p> Case Notes</p>
	<p>F - Nurse Home Visitors discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.</p>		<p> Case Notes</p>






Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
<p>HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship. <i>(ME 10)</i></p>	<p>G - Nurse Home Visitors, using professional knowledge, judgment, and skill, apply the NFP visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.</p>	<p>Nurse Home Visitors use the following guidelines to plan their time in visits:</p> <p>Pregnancy (cumulative)</p> <ul style="list-style-type: none"> <li>• Personal Health: 35-40%</li> <li>• Environmental Health: 5-7%</li> <li>• Life Course Development: 10-15%</li> <li>• Maternal Role: 23-25%</li> <li>• Friends &amp; Family: 10-15%</li> </ul> <p>Infancy (cumulative)</p> <ul style="list-style-type: none"> <li>• Personal Health: 14-20%</li> <li>• Environmental Health: 7-10%</li> <li>• Life Course Development: 10-15%</li> <li>• Maternal Role: 45-50%</li> <li>• Friends &amp; Family: 10-15%</li> </ul> <p>Toddlerhood (cumulative)</p> <ul style="list-style-type: none"> <li>• Personal Health: 10-15%</li> <li>• Environmental Health: 7-10%</li> <li>• Life Course Development: 18-20%</li> <li>• Maternal Role: 40-45%</li> <li>• Friends &amp; Family: 10-15%</li> </ul>	<p>📁 Home Visit Form 📁 Supervisory Documentation</p>
	<p>H - Nurse Home Visitors encourage parents to read to their children.</p>		<p>📁 Home Visit Form 📁 Program Narrative</p>
	<p>I - Nurse Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.</p>	<p>Nurse Home Visitors document discussions with participants about breastfeeding in case notes.</p>	<p>📁 Home Visit Form</p>
		<p>75% of participants initiate breastfeeding.</p>	<p>📁 Participant Files</p>
	<p>J - Nurse Home Visitors use medically accurate materials</p>		<p>📁 Case Notes 📁 Participant Files</p>












Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	in discussing HIV with participants.		
<p>HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>	<p>K - Nurse Home Visitors use universal precautions in work with infants and toddlers.</p>		<ul style="list-style-type: none"> <li>📁 Supervisory Documentation</li> <li>📁 Team Meeting Notes</li> </ul>
	<p>L - All participating children, up to age six, receive developmental screening at the following ages: three, six, nine, and 12 months, and every six months from age one through six. Programs emphasize parental involvement in the screening process.</p>	<p>95% of children have two documented screenings for developmental delay in the first year of life.</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Program Narrative</li> </ul>
		<p>95% of children have one documented screening for developmental delay in the second year of life.</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>
		<p>90% of children are up-to-date with expected developmental screenings.</p>	<ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>
	<p>M - Programs track children who are suspected of having a developmental delay and follow through with appropriate referrals and follow up to determine if services were received.</p>	<p>Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.</p>	<ul style="list-style-type: none"> <li>📁 Case Notes</li> <li>📁 Participant Files</li> <li>📁 Supervisory Documentation</li> </ul>
	<p>N - Community-Based FANA trained (FANA) Nurse Home Visitors engage pregnant participants in prenatal FANA activities designed for their infant's gestational age, and engage postpartum participants in postnatal FANA activities during their infant's first month of life.</p> <p>Programs that receive MIECHV <b>only</b> funding from the Ounce are not</p>	<p>Nurse Home Visitors implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in the postnatal FANA activities at least once within the baby's first month of life.</p>	<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Program Narrative</li> </ul>














Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
	required to implement FANA.		
HV3 - Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	O - Nurse Home Visitors fully complete written documentation of Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Program Narrative</li> <li>📁 Supervisory Documentation</li> </ul>
HV4 - In a manner respectful of each participant's cultural and religious beliefs, Nurse Home Visitors engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	A - Nurse Home Visitors provide all participants with information and support regarding delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	<p>80% of participants delay subsequent births during program involvement.</p> <p>(delay = 2 year interval between births)</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Participant Files</li> </ul>
	B - Nurse Home Visitors update participant information on contraceptive use at a minimum of every six months.	100% of participants have contraception information updated in OunceNet at a minimum of every six months.	<ul style="list-style-type: none"> <li>📁 Participant Files</li> </ul>
HV5 - Nurse Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.	A - Nurse Home Visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.		<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Supervisory Documentation</li> </ul>
	B - Nurse Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.	<p>75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.</p> <p>This benchmark does not apply to programs that</p>	<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Participant Files</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
		receive MIECHV <b>only</b> funding from the Ounce.	
<p>HV5 - Nurse Home Visitors build and sustain relationships with participating teens and their children that promote health, self-sufficiency, development of a social support network, and responsible decision-making.</p>	<p>B - Nurse Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.</p>	<p>100% of participants have education status information updated in OunceNet a minimum of every six months.</p>	<p> Participant Files</p>
	<p>C - Nurse Home Visitors link parents and children to a medical provider for routine health care, well-child care, and timely immunizations.</p>	<p>96% of target children have completed the 3-2-2 immunization series by age 12 months.</p>	<p> Participant Files</p>
		<p>90% of target children have completed the 4-3-3-1 immunization series by age 24 months.</p>	<p> Participant Files</p>
		<p>98% of target children have two well-child visits in the first year of life (by age 12 months).</p>	<p> Participant Files</p>
		<p>97% of target children have one well-child visit in the second year of life (by age 24 months).</p>	<p> Participant Files</p>
		<p>90% of target children are up-to-date with immunizations and well-child visits.</p>	<p> Participant Files</p>
		<p>92% of target children have a documented primary care provider.</p>	<p> Participant Files</p>
	<p>D - Pediatricians receive notification that the newborn she/he is caring for is enrolled in and receives services through the NFP Program.</p>	<p>Nurse Home Visitors complete a Birth Announcement for each client at the time of delivery. They complete the Birth Announcement at the same time they complete the Infant Birth Form.</p>	<p> Birth Announcement   Infant Birth Form</p>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.</p>	<p>A - Nurse Home Visitors develop a Family Goal Plan with each participant within 45 days of the first completed Home Visit and every six months thereafter. Nurse Home Visitors and parents review and update plans on a regular basis. Plans accurately reflect the progress of each family toward their goals, and address parent and child needs, strengths, capacities, and challenges. Nurse Home Visitors structure the plan and Home Visits to support the parent’s strengths.</p>	<p>90% of participant files contain up-to-date Family Goal Plans.</p>	<p> Participant Files</p>
	<p>B - Nurse Home Visitors update participant outcome information related to employment, medical home, transience, and WIC status in OunceNet at a minimum of every six months.</p>	<p>Nurse Home Visitors update 100% of participant outcome information in OunceNet at a minimum of every six months.</p>	<p> Participant Files</p>
	<p>C - Nurse Home Visitors update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.</p>	<p>Nurse Home Visitors update 100% of child outcome information in OunceNet at a minimum of every six months. This standard applies to the target child only. Nurse Home Visitors do not need to track this data on non-target children.</p>	<p> Participant Files</p>
	<p>D - Nurse Home Visitors update questions regarding the participants’ level of engagement and the Nurse Home Visitor’s level of concern about the</p>	<p>Nurse Home Visitors update 100% of participant patterns every six months.</p>	<p> Participant Files</p>










Principle	Practice	Benchmark	Documentation  Hard Copy Files
	participant at six-month intervals.		
HV6 - Programs conduct Home Visits in a manner that supports the successful completion of personal and program goals as described in the Family Goal Plan.	E - Nurse Home Visitors update child feeding information in OunceNet according to the following schedule: at birth, six weeks, six months, and one year. For participants who are breastfeeding after one year, Nurse Home Visitors update child feeding information at 18 months and two years, if applicable.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	 Participant Files
	F - Programs ensure that families planning to discontinue or close from services have a well thought out transition plan. Transition planning begins six months prior to participant exit, and the elements of the programs transition plan are articulated in the program's Policy and Procedure Manual.		 Case Notes  Policy and Procedure Manual  Supervisory Documentation
HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program. Nurse Home Visitors ensure that program participants understand that enrollment in the program is voluntary.	100% of participants enroll on a voluntary basis.	 Home Visit Form  Participant Files  Staffing Notes  Supervisory Documentation
	B - Nurse Home Visitors and Supervisors encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the program's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family	 Home Visit Form  Supervisory Documentation













Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
		members participating in the Home Visit and efforts made to engage the father.	
HV7 - Programs provide Home Visits in a manner that respects the family and cultural values of each participant.	C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program's materials reflect the language, ethnicity, and customs of the families served.	Programs identify at least one home visiting curriculum in their Program Abstract. Nurse Home Visitors document the use of this curriculum in case notes.	<ul style="list-style-type: none"> <li>📁 Program Abstract</li> <li>📁 Program Narrative</li> </ul>
<p>HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.</p> <p>Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to participate in DTSP.</p>	A - Developmental Training and Support Program (DTSP) trained Nurse Home Visitors utilize home videos of routine activities, observation, inquiry, and reflection as key intervention strategies during Home Visits.	DTSP trained staff videotapes 75% of their participants at least twice per year.	<ul style="list-style-type: none"> <li>📁 Home Visit Form</li> <li>📁 Program Narrative</li> </ul>
	B - Nurse Home Visitors use the Parent/Child Observation Guide (PCOG) or Mutual Competency Grid (MCG) to review videos internally as part of staff development and participant service planning.	Nurse Home Visitors document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.	📁 Participant Files
		Nurse Home Visitors and Supervisors review videotapes of families within the program as part of staff development or service planning. Nurse Home Visitors and Supervisors document this review accordingly.	<ul style="list-style-type: none"> <li>📁 Participant Files</li> <li>📁 Supervisory Documentation</li> <li>📁 Team Meeting Notes</li> </ul>
	C - Programs keep signed videotaping consent forms on file and use videos only for the stated purpose.		📁 Participant Files
	D - Nurse Home Visitors incorporate issues raised or discussed in review of the tapes (including the PCOG		<ul style="list-style-type: none"> <li>📁 Family Goal Plan</li> <li>📁 Staffing Notes</li> <li>📁 Supervisory Documentation</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
	or MCG) into the Family Goal Plan.		
<p>HV9 - Due to the high incidence of depression among the population served by IBTI programs, and because maternal depression can significantly impair parent-child relationship, programs make efforts to identify maternal depression as early as possible and to help depressed participants access services.</p> <p>Programs that receive MIECHV <b>only</b> funding from the Ounce are not required to implement maternal depression screenings.</p>	<p>A - Programs have policies and procedures for administration of a standardized depression screening tool that specify how and when the tool is to be used with all families participating in the program and assure that all staff members who administer the tool are fully trained.</p>		<ul style="list-style-type: none"> <li> Case Notes</li> <li> Participant Files</li> <li> Policy and Procedure Manual</li> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>B - Referral and follow-up on referrals occurs for mothers whose depression screening scores are elevated and considered to be at-risk of depression, based on the tool's scoring criteria, unless already involved in treatment.</p>		<ul style="list-style-type: none"> <li> Case Notes</li> <li> Participant Files</li> <li> Policy and Procedure Manual</li> <li> Supervisory Documentation</li> </ul>
	<p>C - Programs administering the Edinburgh Postpartum Depression Scale to participants enter the results of these scales into OunceNet.</p>	<p>Unless programs reach another agreement with IBTI, Nurse Home Visitors screen 100% of consenting active participants prenatally and twice postpartum (at 4-6 weeks and 6 months).</p>	<ul style="list-style-type: none"> <li> Participant Files</li> </ul>

# PTS-NFP Best Practice Standards





## Doula

Principle	Practice	Benchmark	Documentation  Hard Copy Files
D1 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	 Participant Files  Program Narrative
D2 - Doula Home Visits are of sufficient intensity to impact program outcomes.	Doula Home Visits last between 1.0 and 1.5 hours.	80% of Doula Home Visits last between 1.0 and 1.5 hours.	 Case Notes
D3 - Doula Home Visits are parent-child focused and responsive to the health and developmental needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development, develop enjoyable postpartum interaction with their child, and develop parental interest in their child's development.		 Home Visit Form  Participant Files
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.	Doulas document discussions with participants about breastfeeding in case notes.	 Home Visit Form
	C - Doulas use universal precautions in work with infants and toddlers.		 Supervisory Documentation  Team Meeting Notes

Principle		Practice		Benchmark		Documentation	
						 <b>Hard Copy Files</b>	
<p>D3 - Doula Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.</p>	<p>D - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant’s gestational age, and engage postpartum participants in postnatal FANA activities during their infant’s first month of life.</p>	<p>Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy, and engage postpartum participants in postnatal FANA activities at least once within the baby’s first month of life.</p>	 Home Visit Form  Program Narrative				
		<p>Doulas attend FANA training and complete FANA certification within one year of hire.</p>	 Supervisory Documentation  Training Records				
	<p>E - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members, if interested.</p>		 Case Notes				
	<p>F - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.</p>		 Case Notes				
	<p>G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit, and complete related data entry within one week of the visit.</p>		 Home Visit Form  Program Narrative  Supervisory Documentation				
<p>D4 - In a manner respectful of each participant’s cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.</p>	<p>Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning, including birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.</p>		 Home Visit Form  Participant Files				




























Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
D5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	A - Doulas develop a birth plan with each participant. This plan may serve as the participants' first Family Goal Plan.	90% of Doula participants have an up-to-date birth plan.	📁 Participant Files
	B - Doulas update child feeding information in OunceNet at birth and at six weeks.	100% of children have up-to-date feeding information in OunceNet. This standard applies to the target child and any subsequent children.	📁 Participant Files
D6 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		📁 Home Visit Form 📁 Participant Files 📁 Staffing Notes 📁 Supervisory Documentation
	B - Doulas encourage the support and involvement of fathers, grandparents, and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of all family members participating in Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	📁 Home Visit Form 📁 Supervisory Documentation
	C - Doula programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The program materials reflect the language, ethnicity, and customs of the families served.		📁 Program Abstract 📁 Program Narrative
D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - During the last trimester of pregnancy, program participants receive additional direct services provided through the Doula program. These include prenatal education support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the expected frequency.	📁 Home Visit Form 📁 Program Abstract 📁 Program Narrative












<b>Documentation</b>			
<b>Principle</b>	<b>Practice</b>	<b>Benchmark</b>	<b>Hard Copy Files</b>
D7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula-attended birth.	 Participant Files  Program Narrative
	C - Doula programs have established, written protocols that outline procedures for when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		
D8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care, initiation of breastfeeding, and promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	 Home Visit Form  Participant Files

# PTS-NFP Best Practice Standards

## Prenatal Groups



















Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.</p>	<p>A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.</p>		 Group Plans
	<p>B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).</p>	<p>Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.</p>	 Group Plans
	<p>C - Curricula and other materials used in Prenatal Group are culturally competent and focused on common prenatal issues (program must discuss the use of supplemental non-prenatal focused curricula with IBTI Program Advisor).</p>	<p>Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.</p>	 Group Plans  Program Abstract  Program Narrative
	<p>D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.</p>		 Group Evaluations  Group Plans  Team Meeting Notes
	<p>E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group meetings.</p>		 Process Notes  Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE2 - Prenatal Groups enhance the intensity and focus of Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving IBTI desired outcomes.</p>	<p>A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate curricula and materials.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
	<p>D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.</p>		 Group Plans  Quarterly Narrative – Group Topic Calendar
<p>PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between the mother and her unborn child, helping the parent develop emotional availability for the baby.</p>	<p>A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.</p>	<p>Each Prenatal Group session has a documented parent-child activity.</p>	 Group Plans
<p>PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>	<p>A - Prenatal Group membership and facilitators are as consistent as possible.</p>		 Program Abstract  Group Plans
	<p>B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six- to eight-week session.</p>		 Program Abstract  Group Plans

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>PRE4 - Prenatal Groups are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.</p>	<p>C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.</p>	<p>Programs hold 90% of planned Prenatal Group sessions.</p>	 Program Abstract  Quarterly Narrative – Group Topic Calendar
	<p>D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.</p>		 Group Plans
	<p>E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.</p>		 Macro Plans
	<p>F - Prenatal Group arrangements include a nutritious meal or snack.</p>		 Program Abstract  Group Plans
	<p>G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.</p>		 Group Evaluations  Group Plans  Process Notes
<p>PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.</p>	<p>These groups promote transition to ongoing program services such as Home Visiting and Parent Groups for both enrolled participants and those not yet actively enrolled in the IBTI program.</p>		 Group Plans

# PTS-NFP Best Practice Standards












## Infant Mental Health\*












Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>IMH1 - Infant Mental Health (IMH) services are relationship-focused interventions designed to strengthen, but not replace, the core family support strategies of Home Visiting and Parent Groups.</p>	<p>A - Programs target IBTI participants for IMH services.</p>		 Participant Files
	<p>B - Clinically trained, Masters level or above (LCPC, LCSW, PhD), practitioners provide IMH services. Programs provide access to professional-level supervision for IMH practitioners.</p>		 Program Abstract  Program Narrative  Staff Profile
	<p>C - Programs base IMH services on an assessment of individual and family needs, with a plan for duration and intensity of contact with the family. Programs also orient and integrate IMH services into the overall outcomes of the program. Not all participants will require clinical services.</p>		 Case Notes  Participant Files  Program Abstract  Program Narrative  Staffing Notes  Supervisory Documentation
	<p>D - Programs offer IMH services in a variety of formats, and offer parents the opportunity to explore and reflect on thoughts and feelings that the presence of their baby awakens.</p>		 Participant Files  Program Narrative  Quarterly Narrative Report
	<p>E - IMH services include consultation with program staff.</p>		 Program Abstract  Program Narrative  Staffing Notes  Team Meeting Notes

\*Only programs that receive funding specifically for Infant Mental Health are required to adhere to these standards.












# PTS- NFP Best Practice Standards

## Program Structure & Governance

















Principle	Practice	Benchmark	Documentation  Hard Copy Files	
SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	Programs use NFP visit guidelines to determine the frequency of Home Visits.	 Program Narrative	
	B - Programs use income guidelines to determine eligibility for program services.	100% of enrolled participants are below 185% of the Federal poverty level or receiving WIC services.	 Income Eligibility Documentation	
	C - Short-term services such as community education, Prenatal Group, and Doula are offered under the following conditions: <ul style="list-style-type: none"> <li>• Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.</li> <li>• Participants are teen parents.</li> <li>• No more than 20% of Doula participants receive short-term Doula services.</li> <li>• For short-term Doula services, participants transition to ongoing family support or home visiting programs offered by community partners.</li> <li>• The majority of participants attending Prenatal Group have an active IBTI enrollment status.</li> </ul>			 Program Abstract
				 Program Abstract
				Programs enroll 80% of Doula participants in Home Visiting services.  Program Abstract  Program Narrative
				 Participant Files  Program Narrative  Quarterly Narrative Report
				 Group Rosters













Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG1 - IBTI programs have the greatest chance of outcome achievement when services are of sufficient intensity and linked to the specific strengths, needs, and risk factors of the target group.</p>	<p>D - It is recommended that programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.</p>		 Participant Files  Supervisory Documentation
	<p>E - Programs comprehensively analyze, at least annually, acceptance and retention rates of participants. Programs also address how they might increase their acceptance rate based on the analysis of those refusing services in comparison to those accepting services. See Glossary of Terms (Section A8) for definitions of acceptance and retention rate.</p>	<p>100% of programs measure and analyze their acceptance and retention rates on an annual basis.</p>	 Program Files
	<p>F - Programs track trends and changes in their target population and adjust their program plans as indicated.</p>	<p>100% of programs document trends or changes in their target population.</p>	 Program Abstract  Quarterly Narrative Report
	<p>G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to the population it serves.</p>		 Program Budget  Program Budget Narrative
<p>SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program. (ME 12)</p>	<p>A - Programs maintain full enrollment.</p>	<p>Program enrollment is at least 85% of program capacity.</p>	 Program Abstract
	<p>B - In order to ensure staff's capacity to develop meaningful relationships with participants and deliver quality services, no caseload for a full-time Nurse Home Visitor exceeds 25 participants.</p>	<p>A full-time Nurse Home Visitor who works 40 hours a week has a caseload of 25 participants. Programs prorate this expectation based on FTE and/or work hours.</p>	 Program Abstract
		<p>100% of staff caseloads have 25 or fewer participants.</p>	 Program Abstract























Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG2 - The relationship between the staff person and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participant's initial engagement, ongoing participation, and retention in the program.</p>	<p>C - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.</p>	<p>Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<p> Program Files</p>
<p>SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.</p>	<p>A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.</p>	<p>Each staff member receives 46 individual supervisions per fiscal year.</p>	<p> Program Abstract   Program Narrative   Supervisory Documentation</p>
	<p>B - Supervisors and Program Managers receive regular, on-going supervision which holds them accountable for the quality of their work and provides them with skill development and professional support.</p>	<p>Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract.</p>	<p> Program Abstract   Program Files   Supervisory Documentation</p>
	<p>C - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that occur at a minimum of once a month on site.</p>	<p>Programs hold 75% of expected clinical support sessions.</p>	<p> Clinical Support Notes</p>
	<p>D - Programs base supervision on a process of reflection, stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person. Supervisors also assure that staff members have the office and structural components necessary to fulfill their roles.</p>		<p> Supervisory Documentation   Supervision Record  Client Notes</p>












Principle	Practice	Benchmark	Documentation 📁 Hard Copy Files
<p>SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. (ME 13, 14)</p>	<p>E - Supervisors provide Nurse Home Visitors with clinical supervision that demonstrates integration of theories, and facilitates professional development essential to the Nurse Home Visitor role through specific supervisory activities, including one-to-one clinical supervision, case conferences, team meetings, and field supervision.</p>		<p>📁 Supervisory Documentation</p>
	<p>F - Supervisors conduct observations of staff member's direct work with families in Home Visits and Groups two times per year.</p>		<p>📁 Supervisory Documentation 📁 Visit Implementation Scale</p>
	<p>G - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal. (NFP is 1:8)</p>		<p>📁 Program Abstract</p>
<p>SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for pregnant and parenting teens and their children.</p>	<p>Programs have a 100% FTE Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.</p> <p>This practice does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>		<p>📁 Program Abstract</p>
<p>SG5 - Where programs receive funding for Home Visiting and other services such as Groups, Doulas, or IMH, they integrate these services in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.</p>	<p>Staff members in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity. Programs hold monthly team meetings to coordinate and integrate services to participants.</p>	<p>Programs hold 75% of expected team meetings.</p> <p>This benchmark does not apply to programs that receive MIECHV <b>only</b> funding from the Ounce.</p>	<p>📁 Program Abstract 📁 Program Narrative 📁 Team Meeting Notes</p>









Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision reflects an investment in staff development in addition to the monitoring of staff activities. Programs provide reflective supervision as described earlier in these standards. (ME 9)</p>	<p>A - Staff members have written staff development plans and Supervisors plan to release staff from their duties to attend training that will support their work.</p>		<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>B - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, domestic violence, substance abuse, cultural competency, parent-child attachment, and community resources.</p>		<ul style="list-style-type: none"> <li> Quarterly Narrative Report</li> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>C - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.</p>		<ul style="list-style-type: none"> <li> Quarterly Narrative Report</li> <li> Staff Development Plans</li> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>D - Home Visitors and Supervisors complete core educational sessions required by the NFP National Service Office and deliver the intervention with fidelity to the NFP model.</p>		<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.</p>		<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>
	<p>F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.</p>	<p>Doulas attend the first available Doula Basic training in relationship to their hire date.</p>	<ul style="list-style-type: none"> <li> Supervisory Documentation</li> <li> Training Records</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision reflects an investment in staff development in addition to the monitoring of staff activities. Programs provide reflective supervision as described earlier in these standards.	G - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	 Supervisory Documentation  Training Records
	H - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		 Program Files  Supervisory Documentation  Training Records
SG7 - All IBTI services are responsive to the culture of the families served.	A - Programs select staff for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		 Program Files
	B - Programs train staff annually on the specific cultural needs of their participants and target community.		 Team Meeting Notes  Training Records
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern.	A - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		 Supervisory Documentation
	B - Staff and volunteers have experience or education related to parenting, family support, and child development.		 Program Files
	C - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.		 Supervisory Documentation

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG8 - Programs select staff and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which domestic violence or substance abuse may be a concern. <i>(ME 8)</i>	D - Nurse Home Visitors and Supervisors are registered professional nurses with a minimum of a Baccalaureate degree in Nursing.		 Program Files
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families. <i>(ME 16, 17)</i>	A - NFP implementing agencies are located in and operated by organizations known in the community for being successful providers of prevention services to low-income families.		 Program Files
	B - NFP implementing agencies convene a long-term Community Advisory Board that meets at least quarterly to promote a community support system for the program, and to promote program quality and sustainability.		 Advisory Group Agendas  Advisory Group Minutes  Program Files
	C - Community partners identified as referral sources for screening, assessment, and program intake match the program's target population and meet any specific NFP requirements.		 Program Files  Program Narrative

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p>	<p>D - To ensure a regular flow of referrals for screening or intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant and parenting teens, including but not limited to schools, health clinics, social service agencies, and child welfare programs.</p>		 Program Narrative  Team Meeting Notes
	<p>E - The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships, and develops strategies to increase the percentage screened/identified.</p>		 Program Files
	<p>F - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.</p>		 Program Abstract  Program Files  Program Narrative
	<p>G - Doula programs develop written linkage agreements (whenever possible) with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.</p>		 Program Abstract  Program Files  Program Narrative
	<p>H - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff members. In addition, volunteers receive the same training and quality of supervision as would a paid staff member with similar duties.</p>	<p>Programs screen 100% of program interns and volunteers in the same manner as paid staff members. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.</p>	 Program Files  Program Narrative

Principle	Practice	Benchmark	Documentation  Hard Copy Files
<p>SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs link to services and organizations throughout the community and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.</p>	<p>I - To ensure comprehensive services for families once enrolled, programs develop and maintain knowledge of and working relationships with service providers that address needs beyond the scope of IBTI services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutritional programs, recreational programs, mental health, early intervention, substance abuse, domestic violence services, and childcare.</p>		<ul style="list-style-type: none"> <li> Community Resource Directories</li> <li> Program Narrative</li> <li> Team Meeting Notes</li> </ul>
	<p>J - Programs track and follow up with families and service providers, if appropriate, to determine if the families received needed services. Follow up with service providers requires signed informed consent.</p>		<ul style="list-style-type: none"> <li> Program Files</li> <li> Policy and Procedure Manual</li> </ul>
	<p>K - Release of information forms used for referrals should be specific to the referral agency and time limited.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> <li> Policy and Procedure Manual</li> </ul>
<p>SG10 - Programs are aware of and sensitive to participants' experiences of services.</p>	<p>Programs contact participants who drop out of the program to gather information for quality improvement. Each program has a procedure for participant exit interviews that helps determine the impact of the program.</p>		<ul style="list-style-type: none"> <li> Exit Interview Forms</li> <li> Program Files</li> </ul>
<p>SG11 - Programs participate in evaluation activities to determine the effectiveness of services.</p>	<p>Programs cooperate with the Ounce research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.</p>		<ul style="list-style-type: none"> <li> Participant Files</li> </ul>

Principle	Practice	Benchmark	Documentation  Hard Copy Files
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability. (ME 15)	A - Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize OunceNet and/or Visit Tracker and cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet and/or Visit Tracker training.	 Participant Files  Training Records
	B - Nurse Home Visitors and Supervisors collect data as specified by the NFP National Service Office, and use NFP reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.		 Participant Files  Program Files
	C - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Home Visit's documentation.		 Participant Files
	D - Programs ensure that all OunceNet computers are equipped with up-to-date virus protection software.	100% of OunceNet computers are equipped with up-to-date and functional virus protection software.	 Program Files
	E - Programs adopt and implement policies that restrict and control downloading and installation of files or software to computers used for OunceNet access. See page 125 for specific information on what should be restricted on OunceNet computers.		 Program Files