PTS-HFI Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
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. *BPS = Best Practice Standard*	IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families. Exceptions to the target population 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 OunceNet Quarterly IV-A
S1IE2 - 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. *(BPS 1-2.A, 2-2.C)*	A - For programs using assessments to determine eligibility: programs complete screening before the child is age two weeks and must include scoring.	Programs complete 80% of assessments prenatally or before the child is age two weeks.	Participant Files
	B - For programs using screenings to determine eligibility: programs complete screenings before the child is age two weeks.	Programs complete 80% of screenings prenatally or before the child is age two weeks.	Participant Files
	C - For programs using screenings to determine eligibility: programs complete assessment with 45 days of enrollment.	Programs complete 80% of screenings within 45 days of enrollment, must include scoring, and be completed within 2 visits.	Participant Files
	D - Programs initiate Home Visiting before the child is age three months. Exceptions can be made with prior approval from the Ounce.	Programs initiate Home Visits before the child is age three months 100% of the time.	Case Notes Participant Files

Principle	Practice	Benchmark	Documentation
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. *(BPS 1-1.A)*	A - Programs use the Parent Survey (PS) 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 PS as a service-planning tool.	100% of programs assess potential participants using the Parent Survey (PS) or an Ounce approved tool.	FAW Files Participant Files OunceNet Quarterly II-E3
	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.	Program 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.	Program Abstract
	C - 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.	FAW 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.	FAW Files Supervisory Documentation
	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

Principle	Practice	Benchmark	Documentation
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 interview, and entry of participant information into OunceNet. Refusal to sign a consent form for entry of their information into OunceNet does not preclude a family from services.	Programs enter data into OunceNet only after obtaining prior written consent 100% of the time.	Participant Files
	D - Database systems that are used to maintain accurate demographic and programmatic information are up to date.		Healthy Families America Site Tracker (HFAST) All Funder Database Systems
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services. *(BPS 2-2.D)*	A - Staff members who assess families or gather intake data share that information with Home Visitors, Doulas, Parent Group Service Coordinators, and Program Supervisors.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	Program Narrative Supervision Notes
	B - Re-enrolled families should open with same eligible target child, when continued eligibility applies.	100% of families are re-enrolled with eligible target children, when eligibility applies.	OunceNet Participant Files
	C - HFA Service Plan is to be discussed monthly with families on the most intensive levels.	100% of families who have received an assessment will have a service plan to address risks and stressors competed by the Home Visiting and Supervisor within the identified timeframe.	Supervision Book

PTS-HFI Best Practice Standards

Home Visiting

Principle	Practice	Benchmark	Documentation
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)*	A - Home Visits take place on a schedule determined in partnership with the family, diminishing in intensity as family needs change.	Programs assign 100% of families to a service intensity level.	🗁 Participant Files 🗁 Program Narrative
	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.	100% of participants receive weekly Home Visits for the first six months of their baby's life.	🗁 Case Notes 🗁 HFA Level Change Form 🗁 Supervisory Documentation
	C - Each family's progression to a new level of service, as identified by 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.	100% of participant level changes are documented in participant files. Programs are required to use the HFA Level Change forms and are encouraged to use the HFA Celebration Forms to acknowledge participant progress	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	D - Programs offer services to families for a minimum of three years after the birth of the baby. Accelerated services are acceptable when there is a lower parent survey score and level change criteria is met.		🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Case Notes 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
HV2 - Home Visiting is of sufficient intensity to impact program outcomes. *(BPS 4-2.B Sentinel Standard, 6-5.A,B)*	A - Home Visits last between 1.0 and 1.5 hours. In certain circumstances, visits between 45 minutes and one hour are acceptable.	80% of Home Visits last between 1.0 and 1.5 hours. All visits should be at least 45 minutes.	🗁 Case Notes
		85% of completed Home Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	
	B - Programs complete Home Visits with all participants at the expected level of frequency for each family.	Home Visitors complete 75% of expected Home Visits per service intensity level.	🗁 Case Notes
		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.	🗁 Case Notes
	C – Programs use an evidence-informed curriculum to guide service delivery. Programs are not expected to adhere to this standard until a list of approved curricula is provided by HFA.	Programs submit the name of their chosen curriculum in their Program Abstract for Ounce approval.	🗁 Program Abstract 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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. *(BPS 6-3.A., 6-3.B&E Sentinel Standard, 6-4.A, 6-4.B&C)*	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 – Home visitors assess, address, and promote positive child interaction, attachment, and bonding with all families, utilizing CHEERS on all home visits.	100% of parent child activities are documented using CHEERS on every home visit when child is present and awake.	🗁 Case Notes 🗁 Supervisory Documentation
	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

Principle	Practice	Benchmark	Documentation
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. *(BPS 6-6.B Sentinel Standard)*	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.	100% of participants have information regarding tobacco use during pregnancy entered into OunceNet at intake	🗁 Case Notes
		100% of participants have information regarding current tobacco use within 30 days of the first home visit. Information should be updated if status changes during program involvement.	
	F - Home Visitors discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.	100% of participants have information regarding alcohol consumption during pregnancy entered into OunceNet at intake.	🗁 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.	🗁 Case Notes 🗁 Participant Files
	H - Home Visitors encourage parents to read to their children.	100% of participants have reading questions in OunceNet updated every six months through implementation of the maternal efficacy questionnaire.	🗁 Case Notes 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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. *(BPS 6-6.B Sentinel Standard)*	I - Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Home Visitors document discussions with participants about breastfeeding in case notes.	🗁 Case Notes
		75% of participants initiate breastfeeding.	🗁 Child Intake
	J - Home Visitors use medically accurate materials in discussing HIV with participants.		🗁 Case Notes 🗁 Participant Files
	K - Home Visitors use universal precautions during work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	L - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	🗁 Participant Files
		95% of children have one documented screening for developmental delay in the second year of life.	🗁 Participant Files
		96% of children will have one documented screening for developmental delay during the third year of life.	🗁 Participant Files
		85% of children are up-to-date with expected developmental screenings.	🗁 Participant Files
	M - All participating children, up to age five, receive social emotional screenings at the following ages (in months): two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of children are up-to-date with expected social emotional screenings.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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.	N - 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
	O - 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.	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
	P - 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
	Q - Parent Child Interactions will be observed once a year using the CHEERS Check-In tool or an approved, validated PCI Tool.		🗁 Participant Files
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)	🗁 Case Notes
	B - Home Visitors update participant information on contraceptive use at a minimum of every six months.	100% of participants have information regarding contraceptive use and STI prevention updated in OunceNet at a minimum of every six months.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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. *(BPS 7-1.B, 7-2.B)*	A - Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Case Notes 🗁 Participant Files
		100% of participants have education status information updated in OunceNet a minimum of every six months.	🗁 Participant Files
	B - Home Visitors link participating children and parents 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.	🗁 Participant Files
		90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	🗁 Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	🗁 Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	🗁 Participant Files
		90% of target children have one well-child visit in the third year of life (by age 36 months).	🗁 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

Principle	Practice	Benchmark	Documentation
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*	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.	90% of participant files contain up-to-date Family Goal Plans.	🗁 Participant Files
	B - Home Visitors address issues identified in the initial assessment in Home Visits.	Programs have policies and procedures regarding 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. Policies and procedures identify who completes the narrative and the timeframe for completion.	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	C - Home Visitors update participant outcome information related to employment, medical home, and WIC status in OunceNet at a minimum of every six months.	Home Visitors update 100% of participant outcome information in OunceNet within 30 days of the first completed home visit and then at a minimum of every six months for the duration of program enrollment.	🗁 Participant Files
	D – Home Visitors update participant outcome information related to transience in OunceNet at a minimum of every three months.	Home Visitors update 100% of transience information in OunceNet within 30 days of the first completed home visit and then at a minimum of every three months for the duration of program enrollment.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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 - 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 within 30 days of the child's birth and then at a minimum of every six months for the duration of program enrollment. This standard applies to the target child only. Home Visitors do not need to track this data on non-target children.	🗁 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 🗁 Supervisory Documentation
	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. Home Visitors document the use of this curriculum in case notes.	🗁 Program Abstract 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	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.	DTSP trained Home Visitors videotape 75% of their participants at least twice per year.	🗁 Case Notes
	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.	Home Visitors document subsequent discussions of videos using the PCOG or MCG in case notes for videotaped families.	🗁 Participant Files
	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.	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.	🗁 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
	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
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. *(BPS 7-5A.)*	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

Principle	Practice	Benchmark	Documentation
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.	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). This standard applies to target children and subsequent births.	🗁 Participant Files

PTS-HFI Best Practice Standards

Doula

Principle	Practice	Benchmark	Documentation
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.	A - 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
	B - Programs complete Doula Home Visits with all participants at the expected level of frequency for each family.	Doulas complete 80% of expected Doula home visits.	🗁 Case Notes 🗁 Program Abstract
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

Principle	Practice	Benchmark	Documentation
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.	D - 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.	100% of participants have information regarding tobacco use during pregnancy entered into OunceNet at intake.	🗁 Case Notes
		100% of participants have information regarding current tobacco use within 30 days of the first home visit. Information should be updated if status changes during program involvement.	🗁 Case Notes
	E - Doulas discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.	100% of participants have information regarding alcohol consumption during pregnancy entered into OunceNet at intake.	🗁 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

Principle	Practice	Benchmark	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.	100% of participants have information regarding contraceptive use and STI prevention entered into OunceNet within 30 days of the first home visit. Information should be updated if status changes during program enrollment.	🗁 Case Notes
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.	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
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.		🗁 Case Notes 🗁 Participant Files 🗁 Program Narrative 🗁 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.	🗁 Case Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
D7 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	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
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.	🗁 Case Notes 🗁 Program Abstract 🗁 Program Narrative
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.	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.	75% of Doula participants have a Doula-attended birth.	🗁 Participant Files 🗁 Program Narrative
	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.		🗁 Program Files
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.	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.		🗁 Case Notes 🗁 Participant Files

PTS-HFI Best Practice Standards
Prenatal Groups

Principle	Practice	Benchmark	Documentation
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.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		Group Plans
	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).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	Group Plans
	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).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	Group Plans Program Abstract Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		Group Evaluations Group Plans Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		Process Notes Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
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.	A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between the parent and unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
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.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans
	B - Each Prenatal Group meets for a minimum of 1 ½ hours as part of a six-to-eight week session.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
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.	C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Program Abstract 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Program Abstract 🗁 Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Policy and Procedure Manual 🗁 Process Notes
PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	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.		🗁 Group Plans

PTS-HFI Best Practice Standards

Parent Groups*

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans
	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).	Parent Group plans reflect activities and approaches used in Parent Group sessions.	🗁 Group Plans
	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).	Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Parent Group sessions reflects the input of participants, site staff, and Family Goal Plans.		🗁 Group Evaluations 🗁 Group Plans 🗁 Team Meeting Notes
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.	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.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar

Principle	Practice	Benchmark	Documentation
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.	B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.		Group Plans Quarterly Narrative: Group Topic Calendar
	C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.		Group Plans Quarterly Narrative: Group Topic Calendar
	D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.		Group Plans Quarterly Narrative: Group Topic Calendar
	E - Home Visiting participants are the primary target audience of IBTI Parent Group Services.	100% of Parent Group participants are actively engaged in Home Visits.	Group Roster Participant Files Staffing Notes
PAR3 - Parent Groups are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	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.	Each Parent Group session has a documented parent-child activity.	Group Plans
	B - A portion of the meeting allows parents to meet apart from children.		Group Plans
	C - Childcare arrangements ensure safety and consistency in caregivers. Programs must 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
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 - Each Parent Group must meet a minimum of forty times per fiscal year, optimally on a weekly basis.	Programs hold 90% of planned Parent Group sessions.	Program Abstract

Principle	Practice	Benchmark	Documentation
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.	B - Parent Group membership and facilitators are consistent.	Parent Group participants are required to attend 75% of Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract
	C - Parent Group plans address content areas in-depth over several weeks through various topics.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Parent Group Service Coordinators submit 10-week macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	E - Parent Group documentation includes group micro plans, attendance, and post-group process notes for each session.		🗁 Group Plans
	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 - Programs complete a written evaluation plan for Parent Group services that includes a procedure for gathering feedback from Parent Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Policy and Procedure Manual 🗁 Process Notes
	I - Staff members use Parent Group meeting records, informal feedback, parent evaluations, and their own observations to improve Parent Group sessions.		🗁 Process Notes 🗁 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 caregivers, and extended family members (i.e., periodic family nights, grandparent events, and fathers' nights).		🗁 Group Plans 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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
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
		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.	🗁 Case Notes
	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.	Programs document the Community Service Project in the Fourth Quarter Narrative Report.	🗁 Group Plans 🗁 Quarterly Narrative Report
	F - Prior to Heart to Heart implementation, each program: 1) Designates a clinical consultant to provide support for Heart to Heart facilitators during program implementation, 2) Identifies clinical treatment resources (such as a sexual assault center) for participants who disclose abuse, 3) Provides verification of an up-to-date child abuse reporting protocol 4) Completes a Heart to Heart Support and Intervention Plan.		🗁 Child Abuse Reporting Protocol 🗁 Program Abstract 🗁 Program Narrative

PTS-HFI Best Practice Standards

Infant Mental Health*

Principle	Practice	Benchmark	Documentation
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.	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 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
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: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.		🗁 Program Abstract
	• Participants are teen parents.		🗁 Program Abstract
	• No more than 20% of Doula participants receive short-term Doula services.	Programs enroll 80% of Doula participants in Home Visiting services.	🗁 Participant Files 🗁 Program Abstract 🗁 Program Narrative
	• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.		🗁 Participant Files 🗁 Program Narrative 🗁 Quarterly Narrative Report
	• The majority of participants attending Prenatal Group have an active IBTI enrollment status.		🗁 Group Roster

Principle	Practice	Benchmark	Documentation
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.	D - Programs offer creative outreach under specified circumstances for a minimum of three months for each family before discontinuing services.		🗁 Participant Files 🗁 Supervisory Documentation
	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.	100% of programs measure and analyze their acceptance and retention rates according to the following schedule: • Programs with more than 50 families enrolled in services over a 2 year period complete analysis annually • All program sizes complete analysis every two years. Documentation of this analysis is provided to the Ounce. The measurement of retention should be at various rates (6 mo., 12 mo., etc.) and across multiple timeframes.	🗁 Program Files
	F- Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population, provides a written plan when proposing changes to the target population and includes a data source	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to providing services to the target population.		🗁 Program Budget 🗁 Program Budget Narrative
	H - Programs are to maintain a standard operating procedure manual to guide staff in their work.	Manuals are to be updated and reviewed with program staff annually.	🗁 Program Manual

Principle	Practice	Benchmark	Documentation
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)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of program capacity (see page 172 for details).	🗁 Program Abstract
	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.	Caseload maximum is 26 points (of any combination of levels) or 25 families.	🗁 Program Abstract
	C - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, volunteer recruitment, orientation, training, and supervision.	A ratio of .25 FTE per group is required.	🗁 Program Abstract
	D - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys with a response rate of at least 25% of actively enrolled participants.	🗁 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. *(12-1A,12-1.B, 12-3.A)*	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	🗁 Program Abstract 🗁 Program Narrative 🗁 Supervisory Documentation
	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.	Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract and includes discussion of all families at least once per month, regardless of service level.	🗁 Program Abstract 🗁 Program Files 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program. *(BPS 12-1.D)*	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 - 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.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 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.		🗁 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.	100% of Parent Group participants are actively engaged in Home Visiting.	🗁 Group Rosters 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.	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.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes
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.	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. Program managers hired after January 1, 2018 are required to attend HFA Implementation Training.		🗁 Supervisory Documentation 🗁 Training Records
	B - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.		🗁 Supervisory Documentation 🗁 Training Records
	C - Staff members receive basic and ongoing training in key areas they encounter in their work with families. See Appendix G4 (p. 274) for a complete list of subject matter trainings required for each position.		🗁 Training Records

Principle	Practice	Benchmark	Documentation
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.	D - Prior to direct work with families, programs ensure that all staff members are oriented to: • to child abuse, neglect indicators and reporting requirements • the principles of ethical practice • site's curriculum materials • policy and operating procedures • data collection forms and processes • site's relationship with other community resources • issues of confidentiality • issues related to boundaries • issues related to staff safety		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Supervisory Documentation 🗁 Training Records
	F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.	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.	🗁 Supervisory Documentation 🗁 Training Records
	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 using defined criteria that is in alignment with state law.	100% of the time the site supervisor or agency manager is immediately notified when abuse or neglect is suspected.	🗁 Program Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
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
	C - Programs implement a sensitivity review of cultural practices that addresses curricula and other materials, training, and service delivery every other year. This review includes input from participants and staff in all areas.	100% of programs conduct a cultural competency every other year.	🗁 Cultural Humility Review 🗁 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 intimate partner violence or substance abuse may be a concern. *(BPS 9-1.A)*	A - See Appendix G4 (p. 274) for a complete list of subject matter trainings required for each position.	100% of programs use Ounce of Prevention Fund role competencies to create annual professional development plans for staff.	🗁 Personnel Files 🗁 Policy and Procedure Manual
	B - 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.		🗁 Personnel Files 🗁 Policy and Procedure Manual
	C - Staff members are open to flexible schedules that allow for connecting with participants who are not available during traditional work hours.		🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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. *(BPS GA-1A)*	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
	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 identified and screened.		🗁 Program Files

Principle	Practice	Benchmark	Documentation
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.	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 delivery support to guarantee access of Doulas for attending births.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
(BPS 7-3.A)	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.	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.	🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.	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, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Team Meetings Notes
	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.		🗁 Program Files 🗁 Policy and Procedure Manual
	J - Release of information forms used for referrals should be specific to the referral agency and time limited.		🗁 Participant Files 🗁 Policy and Procedure Manual
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

Principle	Practice	Benchmark	Documentation
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 cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet 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 126 for specific information on what should be restricted on OunceNet computers.		🗁 Program Files

PTS-PAT Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
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. *ER = Essential Requirement*	A - IBTI programs target services for pregnant and parenting teens, ages 13-19 at intake, their children, and their families. Exceptions to the target population 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. Enrolled participants are to be eligible to receive at least two years of services with children between prenatal and kindergarten entry.	🗁 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 and settings that have been in effect for at least three months **or** if the affiliate participates in a centralized intake system, documentation that describes the centralized intake system is needed	🗁 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
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.	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
	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: • the program's services • expectations for participation by the family; and, • record keeping, data collection activities, and use of data.	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. At least 75% of families with one or more stressors will receive at least 75% of the required number of visits.	🗁 Program Files

Principle	Practice	Benchmark	Documentation
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.	C – Program chooses two outcomes to measure parenting skills, practices, capacity, or stress assessment from the approved tool.	At least 75% of eligible families participate in assessment of parenting skills, practices, capacity or stress using an approved tool.	🗁 Participant Files
		At least 90% of families will be assessed using an approved tool in one or more of the following areas: Parent and Family Health/Well-Being, Child Development or Child Health/Well-Being.	🗁 Participant 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
	C - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into OunceNet. Refusal to sign a consent form for entry of their information into OunceNet does not preclude a family from services.	Programs enter data into OunceNet 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
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. *(PAT ER 8)*	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).	Family centered assessment was conducted using a PAT approved method. The use of the Family-Centered Assessment Synthesis Record is required when not using one of the four approved tools. At least 75% of families enrolled more than 90 days, had an initial Family-Centered Assessment completed within 90 days of enrollment. At least 75% of families that received at least one personal visit had completed a Family-Centered Assessment in the program year.	🗁 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
	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
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 1)*	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 six 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 11)	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 - Referrals/requests for services are responded to within 3 business days and face to face contact occurs within 1 week of the family agreeing to a visit.		🗁 Participant File 🗁 Personal Visit Record 🗁 Policy and Procedure Manual
	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

Principle	Practice	Benchmark	Documentation
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.	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. *(PAT ER 6)*	A - Personal Visits last between 1.0 and 1.5 hours. In certain circumstances, visits between 45 minutes and one hour are acceptable.	80% of Personal Visits last between 1.0 and 1.5 hours. All visits should be at least 45 minutes.	🗁 Personal Visit Record
		85% of Personal Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	🗁 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.	100% of Parent Educators have attended the required PAT Trainings before delivering PAT Foundational and Model Implementation Curriculum	🗁 Personal Visit Record 🗁 Program Abstract 🗁 Training Records
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.	🗁 Personal Visit Record 🗁 Supervisory Documentation
	B - During each Personal Visit, Parent Educators partner, facilitate, and reflect with families.		🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
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. *(PAT ER 10)*	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 foundational curriculum to design and deliver Personal Visits to families.	Parent Educator's plan for each visit, documenting the planning process in a Foundational Personal Visit Plan, or Personal Visit Planning Guide.	🗁 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
	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

Principle	Practice	Benchmark	Documentation
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.	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.	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
	N - Parent Educators monitor and record children's achievement of developmental milestones, using the PAT milestones.	Parent Educators review and update (as applicable) the Milestones record, for each enrolled child, after each visit.	🗁 Developmental Milestones 🗁 Participant Files
	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.		🗁 Personal Visit Record 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.	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.	80% of participants delay subsequent birth during program involvement. (delay = 2 year interval between births).	🗁 Personal Visit Record
	B - Parent Educators 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.	🗁 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.	A - Parent Educators assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Participant Files 🗁 Personal Visit Record
		100% of participants have education status information updated in OunceNet at a minimum of every six months.	🗁 Participant Files
(PAT ER 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

Principle	Practice	Benchmark	Documentation
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.	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): • Parenting • Child development • Family well-being	🗁 Participant Files
	D - Parent Educators update participant outcome information related to employment, medical home, , and WIC status in Ounce Net at a minimum of every six months.	Parent Educators update 100% of participant outcome information in Ounce Net within 30 days of the first completed Personal Visit and then at a minimum of every six months, for the duration of program enrollment.	🗁 Participant Files
	E – Parent Educators update participant information related to transience in OunceNet at a minimum of every three months.	Parent Educators update 100% of participant transience information in Ounce Net within 30 days of the first completed Personal Visit and then at a minimum of every three months, for the duration of program enrollment.	🗁 Participant Files
	F - 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
	G - 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
	H - 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

Principle	Practice	Benchmark	Documentation
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.	I - 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
	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
	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.	At least 60% of the families that received at least one personal visit were connected by their parent educator to at least one community resource in the program year.	🗁 Personal Visit Record

Principle	Practice	Benchmark	Documentation
PV6 - Programs provide Personal Visits in a manner that respects the family and cultural values of each participant.	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.	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
	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
	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

Principle	Practice	Benchmark	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
	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, Parent Educators screen 100% of consenting active participants prenatally and twice postpartum (at four to six weeks and six months). This standard applies to target children and subsequent births.	🗁 Participant Files

PTS-PAT Best Practice Standards

Doula

Principle	Practice	Benchmark	Documentation
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
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.	D - 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 PVRs.	🗁 Personal Visit Record
	E - Doulas use universal precautions in work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	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.		🗁 Case Notes
	G - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes
	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.	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.	🗁 Personal Visit Record 🗁 Program Narrative
		Doulas attend FANA training and complete FANA certification within one year of hire.	🗁 Supervisory Documentation 🗁 Training Records
	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.		🗁 Personal Visit Record 🗁 Policy and Procedure Manual 🗁 Program Narrative 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Program Narrative 🗁 Staffing Notes 🗁 Supervisory Documentation
	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.	🗁 Personal Visit Record 🗁 Supervisory Documentation
	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.		🗁 Personal Visit Record 🗁 Program Abstract
	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
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, 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.	Doulas complete 80% of Doula Personal Visits at the expected frequency.	🗁 Personal Visit Record 🗁 Program Abstract 🗁 Program Narrative
	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.		🗁 Program Files
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, and the initiation of breastfeeding, and promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	🗁 Participant Files 🗁 Personal Visit Record

PTS-PAT Best Practice Standards

Screening

Principle	Practice	Benchmark	Documentation
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)*	A - It is essential that programs complete formal screening (hearing, vision, developmental, and the health record) at least annually for all eligible children.	At least 95% of children receive a complete developmental screening within 90 days of enrollment or birth within the program.	🗁 Annual Individual Service Record 🗁 Health Record 🗁 Participant Files 🗁 Policy and Procedure Manual
	B - All children, up to age three, of the family receiving services receive hearing and vision screenings at least once each program year.	100% of children, up to age three, receive functional vision screenings at least once per fiscal year.	🗁 Annual Individual Service Record 🗁 Health Record 🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Program Narrative
		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.	🗁 Annual Individual Service Record 🗁 Health Record 🗁 Participant Files 🗁 Policy and Procedure Manual
	C - Programs have procedures for child screening, rescreening, and referral.		🗁 Policy and Procedure Manual 🗁 Program Files
	D - Prior to screening, parents receive information about the purpose of the screening, how the screening is completed, and what they can expect after the screening is completed.		🗁 Participant Files
	E - Screening is conducted with sensitivity to the languages spoken in the home and the family's cultural background.		🗁 Participant Files

Principle	Practice	Benchmark	Documentation
S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services.	F - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, and every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	🗁 Annual Individual Service Record 🗁 Participant Files
		95% of children have one documented screening for developmental delay in the second year of life.	🗁 Annual Individual Service Record 🗁 Participant Files
		96% of children have one documented screening for developmental delay in the third year of life.	🗁 Annual Individual Service Record 🗁 Participant Files
		85% of children are up-to-date with expected developmental screenings.	🗁 Participant Files
	G - All participating children, up to age 60 months, receive social emotional screening at the following ages: two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of target children receive social emotional screening and the recommended intervals.	🗁 Participant files
	H - Screening incorporates parent observations of the child.		🗁 Participant Files
	I - Parent Educators share parenting strategies and parent-child activities tied to developmental screening results.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Supervisory Documentation
	J - Parents receive verbal and written summaries of all developmental screening results.		🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
S1 - Programs provide developmental screening and referral services to all enrolled families to identify developmental delays and refer families to appropriate early intervention services.	K - 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.	🗁 Participant Files
		95% of children delayed are referred to early intervention services.	🗁 Participant Files
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.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 Participant Files 🗁 Policy and Procedure Manual
		At least 75% of children receive a complete annual child health screening in the program year.	🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
S4 - Parent Educators promote proper child development by utilizing rescreening and follow-up procedures.	When indicated by screening results, re-screening is done or the Parent Educator provides a resource connection for further assessment.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 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.	At least 75% of children receive a complete health screening by seven months of age or within 90 days of enrollment.	🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
		At least 75% of children receive a complete annual child health screening in the program year.	🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation

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Prenatal Groups

Principle	Practice	Benchmark	Documentation
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.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		🗁 Group Plans
	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).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	🗁 Group Plan
	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).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		🗁 Group Plans 🗁 Group Evaluations 🗁 Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group connections.		🗁 Process Notes 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
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.	A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
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.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
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.	B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six-to eight-week session		🗁 Program Abstract 🗁 Group Plans
	C - Programs hold a minimum of 24 Prenatal Group sessions during the fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Program Abstract 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Program Abstract 🗁 Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		🗁 Group Evaluations 🗁 Group Meeting Record 🗁 Group Plans 🗁 Policy and Procedure Manual
PRE5 - Prenatal Group services enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	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.		🗁 Group Plans

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Parent Groups

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans
	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).	Parent Group plans reflect activities and approaches used in Parent Group sessions.	🗁 Group Plans
	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).	Parent Group plans identify topics, curricula, and materials used in Parent Group sessions.	🗁 Group Plans 🗁 Program Abstract 🗁 Program Narrative
	D - Planning of Parent Group connections reflects the input of participants, site staff, and goal plans.		🗁 Group Evaluations 🗁 Group Plans 🗁 Team Meeting Notes
	E - Parent Educators facilitate a welcoming group connection environment, opportunities to build social connections and experiences that promote empowerment and leadership.		🗁 Group Plans

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Parent Group facilitators encourage participants to maintain a medical home for their child and follow up on routine well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Parent Group facilitators encourage and support teens to return to school and obtain safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Parent Group facilitators provide information on unintentional injury prevention, including Shaken Baby Syndrome, home safety, and poison prevention.		🗁 Group Plans 🗁 Quarterly Narrative: Group Topic Calendar
	E - Personal Visit participants are the primary target audience of IBTI Parent Group Services.	100% of Parent Group participants are actively engaged in Personal Visits.	🗁 Group Roster 🗁 Participant Files 🗁 Staffing Notes 🗁 Supervisory Documentation
	F - Program staff monitors Personal Visit and Group Connection participation rates and uses a variety of strategies to address engagement of families in services.		🗁 Program Files 🗁 Group Documentation
PAR3 - Parent Group services are parent-child focused, as well as responsive to the parent and child's developmental and environmental needs.	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.	Each Parent Group session has a documented parent-child activity.	🗁 Group Plans

Principle	Practice	Benchmark	Documentation
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 - Information tied to the selected area(s) are emphasis are provided as part of the group connection experience.		🗁 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
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. *(PAT ER 13)*	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
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.		🗁 Group Plans 🗁 Program Narrative
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 🗁 Quarterly 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
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: 1) designate a clinical consultant to provide support for Heart to Heart facilitators during program; implementation 2) identify clinical treatment resources (such as a sexual assault center) for participants who disclose abuse; 3) provide verification of an up-to-date child abuse reporting protocol; and 4) complete a Heart to Heart Support and Intervention Plan.		🗁 Child Abuse Reporting Protocol 🗁 Program Abstract 🗁 Program Narrative

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Infant Mental Health*

Principle	Practice	Benchmark	Documentation
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.

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Program Structure & Governance

Principle	Practice	Benchmark	Documentation
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: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services.		Program Abstract
	• Participants are teen parents.		Program Abstract
	• No more than 20% of Doula participants receive short-term Doula services.	Programs enroll 80% of Doula participants in Personal Visiting services.	Participant Files Program Abstract Program Narrative
	• For short-term Doula Services, participants transition to ongoing family support or home visiting programs offered by community partners.		Participant Files Program Narrative Quarterly Narrative Report
	• The majority of participants attending Prenatal Group have an active IBTI enrollment status.		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

Principle	Practice	Benchmark	Documentation
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.	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.	100% of programs measure and analyze their family enrollment, service intensity, acceptance, retention, and attrition rates on an annual basis.	🗁 Policy and Procedure Manual 🗁 Program Files
	F - Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population.	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to target population.		🗁 Program Budget 🗁 Program Budget Narrative
	H - Programs work to maintain or strengthen its funding on an ongoing basis.		🗁 Program Budget 🗁 Program Budget Narrative 🗁 Program Files
	I - Program design and staffing is informed by community needs.		🗁 Program 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. *(PAT ER 13)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of the program's capacity (see page 172 for details).	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
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.	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.	Caseload maximum is 26 points (of any combination of levels) or 25 families.	🗁 Program Abstract
	C - Full time 1st year parent educators complete no more than 48 visits per month during their first year, and full time parent educators in their second year and beyond complete no more than 60 visits per month)		🗁 Program Abstract
	D - Parent Group Coordinators are responsible for group facilitation, session planning and implementation, record keeping, group arrangements, and volunteer recruitment, orientation, training, and supervision.	A ratio of .25 FTE per group is required.	🗁 Program Abstract 🗁 Program Narrative
	E - Supervisors have relationships with participants to ensure responsiveness to participant needs.		🗁 Program Files
(PAT ER 16)	F - 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.	🗁 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. *(PAT ER 4)*	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

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	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.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 Program Abstract 🗁 Program Files 🗁 Supervisory Documentation
	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
	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

Principle	Practice	Benchmark	Documentation
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff in the program.	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.	The number of Parent Educators assigned to the supervisor is adjusted proportionally when the Supervisor is not full-time.	🗁 Program Abstract
(PAT ER 5)	J - Individual, reflective supervision covers and documents case discussion, including individualized service delivery and provides opportunities to address at least the following: • roles, ethics, and boundaries; • skill development; • self-care; and, • data management driven practice.		🗁 Supervisory Documentation
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.	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.		🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
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.	B - Programs hire well-qualified Supervisors who have at least the following: • At least a bachelor's degree in early childhood education, social work, health, psychology or a related field • At least five years of experience working with families and young children • Strong interpersonal skills • Commitment to reflective supervision, data collection, and continuous quality improvement		🗁 Policy and Procedure Manual
	C - Supervisors attend, at a minimum, the two-day PAT Model Implementation training before supervising Parent Educators. The three-day Foundational training is required.	100% of Supervisors have attended the required PAT Trainings before delivering PAT Foundational and Model Implementation Trainings.	🗁 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.	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.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
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.	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
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.	A - Staff members have written staff development plans, and Supervisors plan to release staff from their duties to attend training that supports their work.		🗁 Supervisory Documentation 🗁 Training Records
	B - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	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 and neglect; intimate partner violence; substance abuse; maternal and child health; mental health; cultural competency; parent-child attachment; and community resources.		🗁 Supervisory Documentation 🗁 Training Records

Principle	Practice	Benchmark	Documentation
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. *(PAT ER 8)*	D - To be eligible for recertification, Parent Educators access competency-based professional development and training according to the following minimum schedule: • Year one: 20 hours • Year two: 15 hours • Year three and beyond: 10 hours	100% of affiliate Parent Educators are up-to-date with their certification.	🗁 Supervisory Documentation 🗁 Training Records
	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation 🗁 Training Records
	F - Annually, Parent Educators self-assess and document competencies across the following areas: • family support and parenting education; • child and family development; • human diversity within family systems; • health, safety, and nutrition; and, • relationships between families and communities.		🗁 Supervisory Documentation
	G - Programs follow and annually review with staff their policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Supervisory Documentation 🗁 Team Meeting Records

Principle	Practice	Benchmark	Documentation
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.	H - Parent Educator caseloads allow sufficient time for all responsibilities, including: • assisting with recruitment efforts; • assisting with Group Connections; • Personal Visits, including time for planning, travel, and record keeping; • facilitating resource connections; • data collection and documentation; • professional development; and, • supervision and staff meetings		🗁 Supervisory Documentation
	I - Programs have access to a licensed mental health professional that provides consultation to program staff members regarding their work with families.		🗁 Team Meeting Records
(PAT ER 7)	J - Parent educators obtain competency-based professional development and training and renew certification with the national office annually.		🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
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.	K - Shadowing, mentoring, observation, and training specific to the Parent Educator's role and responsibilities occur throughout the Parent Educator's first year. Shadowing follows completion of Foundational and Model Implementation (FAMI) training and must include one Personal Visit, one Group Connection, and one child screening. Observation occurs within six months of completion of FAMI training and again at one year. A new Parent Educator is observed conducting at least one Personal Visit, one screening, and one Group Connection and is provided with feedback.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	L - Programs prepare staff before they attend PAT training by, at a minimum: reviewing the Affiliate Plan, Model Components, Essential Requirements, and login process for needed resources; and, having Parent Educators shadow at least one Parent Educator delivering a Personal Visit.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	M - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing and in-service training is required.	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.	🗁 Supervisory Documentation 🗁 Training Records
	N - 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

Principle	Practice	Benchmark	Documentation
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 - Parent educators take language and culture into consideration when connecting families to resources.		🗁 Participant Files 🗁 Personal Visit Record 🗁 Supervisory Documentation
	C - 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 intimate partner 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.		🗁 Policy and Procedure Manual 🗁 Supervisory Documentation
	B - Staff and volunteers have experience or education related to parenting, family support, and child development.		🗁 Program Files 🗁 Program Narrative
	C - Programs hire Parent Educators that collectively reflect the languages and cultures of the families being served.		🗁 Program Files
	D - 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
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 intimate partner violence or substance abuse may be a concern. *(PAT ER 2)*	E - The program's interview process for Parent Educators includes, but is not limited to: • providing a job description that includes clearly defined qualifications and responsibilities; • assessing for effective communication and interpersonal skills and qualities (e.g., conscientious, empathic, accepting, sociable, able to balance multiple roles, perspective, good judgement, personal ethics, and willingness to learn and intervene; and • shadowing a Parent Educator delivering a Personal Visit.		🗁 Program Files
	F - Programs hire Parent Educators with minimum of a high school diploma or GED and two years previous supervised work experience with young children or parents.		🗁 Policy and Procedure Manual 🗁 Program Files
	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.	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.	🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Program Files 🗁 Program Narrative
	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.		🗁 Program Narrative 🗁 Team Meeting Notes
	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.		🗁 Program Files
	D - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
	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.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.	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, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Team Meeting Notes
	G - Parent educators are well-informed about how families can access resources.		🗁 Program Files 🗁 Team Meeting Notes
(PAT ER 16)	H - An up-to-date resource network directory is available, covering at least the following resources: • medical care; • mental health care; • social services; and, • educational services		🗁 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

Principle	Practice	Benchmark	Documentation
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 3)*	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
	P - Parent Educators document resource connections and follow up in the family file.		🗁 Participant Files
	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.	A minimum of two advisory committee meetings are to be conducted twice a year with a larger committee, community network, or coalition as long as the group includes a regular focus on the PAT affiliate.	🗁 Advisory Board Minutes 🗁 Policy and Procedure Manual 🗁 Program Files
	R - The advisory committee includes involvement of program personnel, community service providers, families who have received or are receiving PAT services, and community leaders.	At least annually, data on program services and outcomes are shared with the staff, advisory committee, and other stakeholders, identifying strengths and areas of service that could be improved.	🗁 Program Files 🗁 Advisory Board minutes

Principle	Practice	Benchmark	Documentation
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.	S - Programs take an active role in community wide planning for early childhood comprehensive services.		🗁 Program Files 🗁 Team Meeting Notes
SG10 - Programs are aware of and sensitive to participants' experiences of services.	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.		🗁 Exit Record 🗁 Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	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.		🗁 Participant Files
	B - Data on program services are shared with the advisory committee and other stakeholders at least annually.		🗁 Policy and Procedure Manual 🗁 Program Files
	C - Program staff uses information about implementation on an ongoing basis to identify strengths and issues, and make improvements.		🗁 Program Files 🗁 Team Meeting Notes
	D - Programs measure outcomes for the families served.		🗁 Policy and Procedure Manual 🗁 Program Files
	E - The Supervisor or lead Parent Educator uses the Affiliate Quality Assurance Blueprint to monitor fidelity to the PAT model.		🗁 Program Files

Principle	Practice	Benchmark	Documentation
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	F - Programs have written process for continuous quality improvement.	Program staff engage as a team in continuous quality improvement using recognized CQI methods.	🗁 Program Files 🗁 Team Meeting Notes
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 cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet training.	🗁 Participant Files 🗁 Training Records
	B - Programs enter information regarding a breakdown of time spent on various components into OunceNet as part of each Personal Visit's documentation.		🗁 Participant Files
	C - Programs have written policies and procedures that address at least the following: • intake and enrollment; • services provided to families, including family-centered assessment, goal setting and review of progress, Personal Visits, Group Connections, child screening and rescreening, referral and resource connections, and follow up; • family engagement; • transition planning and exit; • confidentiality; • data collection and documentation of services; • orientation and training for new staff; • supervision and professional development; and, • Parent Educator safety.	Programs have written policies and procedures within two years of beginning PAT implementation.	🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability. *(PAT ER 17)*	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 the PAT National Center by August 15 of each year.	🗁 Policy and Procedure Manual 🗁 Program Files
		Programs are to participate in the Quality Endorsement and Improvement Process every five years or when selected by the PAT National Center, unless a deferral is provided by national office	🗁 Program Files
	E - Programs maintain an efficient and comprehensive system of service documentation, data collection, and reporting that includes at least the following: • Family Intake Record; • consent for services; • Foundational plans and Personal Visit Planning Guides; • Milestones record for each enrolled child; • Family Information records; • Child Information record for each enrolled child; • Parent/Guardian Information record for each enrolled child; • Family-Centered Assessment Synthesis records or tools approved by PAT*; • developmental screening results and child health records; • goals record; • resource connections record;		🗁 Annual Individual Service Record 🗁 Annual Summary of Services 🗁 Enrollment Record 🗁 Exit Record 🗁 Health Record 🗁 Policy and Procedure Manual 🗁 Program Files 🗁 Screening Recommendations

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	• Permission to Exchange Information; • transition plan; and • Family Service record and Exit Summary. *LSP, Family Map, North Carolina Family Assessment Scale for General Services, Mid America Head Start Family Assessment		
	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 126 for specific information on what should be restricted on OunceNet computers.		🗁 Program Files

PTS-NFP Best Practice Standards

Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
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 = Model Elements* *(ME 2, 3)*	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 maltreatment and other poor childhood outcomes.	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
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. Using the Strength and Risks (STAR) Framework, the Nurse and participant will develop a visit schedule with 100% of participants to meet the family's need related to strengths and weaknesses.	🗁 Program Files 🗁 Participant 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
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 28th week of pregnancy.	🗁 Participant Files
		Programs implement the following Home Visit schedule with participants: • During the first four weeks of enrollment, programs see participants weekly. • From week five until the birth, programs see participants every other week. • During the first six weeks postpartum, programs see participants weekly. • From postpartum week seven through 20 months, programs see participants every other week. • From 21-24 months, programs see participants monthly.	🗁 Home Visit Form 🗁 Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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. In special situations telehealth visits occur, significant information in at least one of the six NFP domains is covered and documented. Clients need to be seen every 90 days (or 3 months) for an in-person visit, even if they are on an adjusted or alternative visit schedule.	85% of completed Home Visits take place in the home. Visits outside the home can include virtual visits as well as any other suitable location. No more than 15% of visits per family can be done virtually.	🗁 Home Visit Form 🗁 Participant Files 🗁 Policy and Procedure Manual
		100% of participants have a signed consent to participate in telehealth visits. 100% of telehealth visits are documented on a home visit record	
	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.	🗁 Home Visit Form 🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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.	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 policies are being implemented.		🗁 Case Notes 🗁 Policy and Procedure Manual
	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, then annually, at a minimum. Nurse Home Visitors are encouraged to use the checklists more frequently if needed to address concerns with families.	🗁 Case Notes 🗁 Participant Files
	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.		🗁 Case Notes
	F - Nurse Home Visitors discuss the risks of alcohol use during pregnancy, and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes

Principle	Practice	Benchmark	Documentation
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. *(ME 10)*	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.	Nurse Home Visitors use the following guidelines to plan their time in visits: Pregnancy (cumulative) • Personal Health: 35-40% • Environmental Health: 5-7% • Life Course Development: 10-15% • Maternal Role: 23-25% • Friends & Family: 10-15% Infancy (cumulative) • Personal Health: 14-20% • Environmental Health: 7-10% • Life Course Development: 10-15% • Maternal Role: 45-50% • Friends & Family: 10-15% Toddlerhood (cumulative) • Personal Health: 10-15% • Environmental Health: 7-10% • Life Course Development: 18-20% • Maternal Role: 40-45% • Friends & Family: 10-15%	🗁 Home Visit Form 🗁 Supervisory Documentation
	H - Nurse Home Visitors encourage parents to read to their children.		🗁 Home Visit Form 🗁 Program Narrative
	I - Nurse Home Visitors share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding.	Nurse Home Visitors document discussions with participants about breastfeeding in case notes.	🗁 Home Visit Form
		75% of participants initiate breastfeeding.	🗁 Participant Files
	J - Nurse Home Visitors use medically accurate materials in discussing HIV with participants.		🗁 Case Notes 🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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.	K - Nurse Home Visitors use universal precautions in work with infants and toddlers.		🗁 Supervisory Documentation 🗁 Team Meeting Notes
	L - All participating children, up to age five, receive developmental screening at the following ages: four, six, nine, and 12 months, and every six months from age one through age five. Programs emphasize parental involvement in the screening process.	95% of children have two documented screenings for developmental delay in the first year of life.	🗁 Participant Files 🗁 Program Narrative
		95% of children have one documented screening for developmental delay in the second year of life.	🗁 Participant Files
		85% of children are up-to-date with expected developmental screenings.	🗁 Participant Files
	M - All participating children, up to age 60 months, receive social emotional screening at the following ages (in months): two, six, 12, 18, 24, 30, 36, 48, and 60.	75% of children are up-to-date with expected social emotional screenings.	🗁 Participant Files
	N - 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.	Programs follow up on 85% of referrals related to suspected developmental delays to determine if services were received.	🗁 Case Notes 🗁 Participant Files 🗁 Supervisory Documentation
	O - 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.	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.	🗁 Home Visit Form 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.		🗁 Home Visit Form 🗁 Program Narrative 🗁 Supervisory Documentation
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.	80% of participants delay subsequent births during program involvement. (delay = 2 year interval between births)	🗁 Home Visit Form 🗁 Participant Files
	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.	🗁 Participant Files
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.		🗁 Home Visit Form 🗁 Supervisory Documentation
	B - Nurse Home Visitors assist and support teens to return to school and obtain safe, high-quality childcare.	75% of participants who should be enrolled in high school or equivalent educational services are enrolled during the course of program involvement.	🗁 Home Visit Form 🗁 Participant Files
		100% of participants have education status information updated in OunceNet a minimum of every six months.	🗁 Participant Files
	C - Nurse Home Visitors link parents and children 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.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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.	C - Nurse Home Visitors link parents and children to a medical provider for routine health care, well-child care, and timely immunizations.	90% of target children have completed the 4-3-3-1 immunization series by age 24 months.	🗁 Participant Files
		98% of target children have two well-child visits in the first year of life (by age 12 months).	🗁 Participant Files
		97% of target children have one well-child visit in the second year of life (by age 24 months).	🗁 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
	D - Pediatricians receive notification that the newborn she/he is caring for is enrolled in and receives services through the NFP Program.	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.	🗁 Birth Announcement 🗁 Infant Birth Form
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.	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.	90% of participant files contain up-to-date Family Goal Plans.	🗁 Participant Files

Principle	Practice	Benchmark	Documentation
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.	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.	Nurse Home Visitors update 100% of participant outcome information in OunceNet at a minimum of every six months.	🗁 Participant Files
	C - Nurse Home Visitors update child outcome information related to childcare and father involvement in OunceNet at a minimum of every six months.	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.	🗁 Participant Files
	D - Nurse Home Visitors update questions regarding the participants' level of engagement and the Nurse Home Visitor's level of concern about the participant at six-month intervals.	Nurse Home Visitors update 100% of participant patterns every six months.	🗁 Participant Files
	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

Principle	Practice	Benchmark	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 members participating in the Home Visit and efforts made to engage the father.	🗁 Home Visit Form 🗁 Supervisory Documentation
	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.	🗁 Program Abstract 🗁 Program Narrative
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	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.	🗁 Home Visit Form 🗁 Program Narrative
	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 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.	🗁 Participant Files 🗁 Supervisory Documentation 🗁 Team Meeting Notes

Principle	Practice	Benchmark	Documentation
HV8 - Programs utilize reflective practice and Infant Mental Health strategies to promote parent-child relationships and strengthen parenting practices.	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 or MCG) into the Family Goal Plan.		🗁 Family Goal Plan 🗁 Staffing Notes 🗁 Supervisory Documentation
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.	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.		🗁 Case Notes 🗁 Participant Files 🗁 Policy and Procedure Manual 🗁 Supervisory Documentation 🗁 Training Records
	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, Nurse Home Visitors screen 100% of consenting active participants prenatally and twice postpartum (at four to six weeks and six months) including subsequent pregnancies.	🗁 Participant Files

PTS-NFP Best Practice Standards

Doula

Principle	Practice	Benchmark	Documentation
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
	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.	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.	🗁 Home Visit Form 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.	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.	Doulas attend FANA training and complete FANA certification within one year of hire.	🗁 Supervisory Documentation 🗁 Training Records
	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.		🗁 Case Notes
	F - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.		🗁 Case Notes
	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.		🗁 Home Visit Form 🗁 Program Narrative 🗁 Supervisory Documentation
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.		🗁 Home Visit Form 🗁 Participant 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

Principle	Practice	Benchmark	Documentation
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.	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

Principle	Practice	Benchmark	Documentation
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.		🗁 Program Files
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
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.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		Group Plans
	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).	Prenatal Group documentation reflects the activities and approaches used in Prenatal Group sessions.	Group Plans
	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).	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	Group Plans Program Abstract Program Narrative
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		Group Evaluations Group Plans Team Meeting Notes
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group meetings.		Process Notes Supervisory Documentation

Principle	Practice	Benchmark	Documentation
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.	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.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	B - Prenatal Group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate curricula and materials.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-child care and immunizations.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		🗁 Group Plans 🗁 Quarterly Narrative – Group Topic Calendar
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.	A part of each meeting has activities that encourage connections and positive interactions between the parent and the unborn child.	Each Prenatal Group session has a documented parent-child activity.	🗁 Group Plans
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.	A - Prenatal Group membership and facilitators are as consistent as possible.		🗁 Program Abstract 🗁 Group Plans

Principle	Practice	Benchmark	Documentation
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.	B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six- to eight-week session.		🗁 Program Abstract 🗁 Group Plans
	C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	🗁 Program Abstract 🗁 Quarterly Narrative – Group Topic Calendar
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		🗁 Group Plans
	E - Individuals responsible for planning Prenatal Groups submit macro plans on a quarterly basis to their IBTI Program Advisor.		🗁 Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		🗁 Program Abstract 🗁 Group Plans
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Group participants.		🗁 Group Evaluations 🗁 Group Plans 🗁 Process Notes
PRE5 - Prenatal Groups enable pregnant women, their partners, and families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	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.		🗁 Group Plans

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Infant Mental Health*

Principle	Practice	Benchmark	Documentation
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.	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 🗁 Staff Profile
	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- NFP Best Practice Standards

Program Structure & Governance

Principle	Practice	Benchmark	Documentation
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: • Services enhance the program's profile in the community as a collaborator and provider of specialized teen parent services. • Participants are teen parents. • No more than 20% of Doula participants receive short-term Doula services. • For short-term Doula services, participants transition to ongoing family support or home visiting programs offered by community partners. • The majority of participants attending Prenatal Group have an active IBTI enrollment status.		🗁 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
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.	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
	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.	100% of programs measure and analyze their acceptance and retention rates on an annual basis.	🗁 Program Files
	F - Programs track trends and changes in their target population and adjust their program plans as indicated.	100% of programs document trends or changes in their target population.	🗁 Program Abstract 🗁 Quarterly Narrative Report
	G - Program funding and in-kind support (i.e., facility space) is sufficient to provide services to the population it serves.		🗁 Program Budget 🗁 Program Budget Narrative
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)*	A - Programs maintain full enrollment.	Program enrollment is at least 85% of program capacity.	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
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.	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 24 points which equates to 12 participants at the highest weight or any combination of levels per NHV.	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.	🗁 Program Abstract
		100% of staff caseloads will be monitored using the IBTI level system at a minimum of once a month	🗁 Program Abstract
	C - Supervisors have relationships with participants and gather satisfaction surveys annually to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.	🗁 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.	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	🗁 Program Abstract 🗁 Program Narrative 🗁 Supervisory Documentation
	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.	Supervisors and Program Managers receive the level of supervision consistent with what is indicated in the Program Abstract.	🗁 Program Abstract 🗁 Program Files 🗁 Supervisory Documentation
	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.	Programs hold 75% of expected clinical support sessions.	🗁 Clinical Support Notes

Principle	Practice	Benchmark	Documentation
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)*	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.	Supervision frequency consistent with what is indicated in the Program Abstract, where all families regardless of the level are discussed and documented at least monthly.	🗁 Supervisory Documentation 🗁 Supervision Record Client Notes
	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.		🗁 Supervisory Documentation
	F - Supervisors conduct observations of staff member's direct work with families in Home Visits and Groups two times per year.		🗁 Supervisory Documentation 🗁 Visit Implementation Scale
	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)		🗁 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.		🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
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.	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.	Programs hold 75% of expected team meetings.	🗁 Program Abstract 🗁 Program Narrative 🗁 Team Meeting Notes
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)*	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.		🗁 Supervisory Documentation 🗁 Training Records
	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, intimate partner violence, substance abuse, cultural competency, parent-child attachment, and community resources.		🗁 Quarterly Narrative Report 🗁 Supervisory Documentation 🗁 Training Records
	C - Programs ensure that all staff members are oriented to child abuse and neglect indicators and reporting requirements prior to direct work with families.		🗁 Quarterly Narrative Report 🗁 Staff Development Plans 🗁 Supervisory Documentation 🗁 Training Records
	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.		🗁 Supervisory Documentation 🗁 Training Records

Principle	Practice	Benchmark	Documentation
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.	E - Programs train and certify staff in the appropriate developmental screening tool within the first six months of hire.		🗁 Supervisory Documentation 🗁 Training Records
	F - Doulas complete IBTI approved training in addition to other Doula certification. Participation in ongoing in-service training is required.	Doulas attend the first available Doula Basic training in relationship to their hire date.	🗁 Supervisory Documentation 🗁 Training Records
	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 intimate partner 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

Principle	Practice	Benchmark	Documentation
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 intimate partner violence or substance abuse may be a concern. *(ME 8)*	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
	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. *(ME 16, 17)*	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.	At least annually, data on program services and outcomes are shared with the staff, advisory committee and other stakeholders, identifying strengths and areas of service that could be improved.	🗁 Advisory Group Agendas 🗁 Advisory Group Minutes 🗁 Program Files

Principle	Practice	Benchmark	Documentation
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.	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
	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.		🗁 Program Narrative 🗁 Team Meeting Notes
	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.		🗁 Program Files
	F - Programs obtain and maintain written linkage agreements through routine communication with collaborating organizations.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative
	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.		🗁 Program Abstract 🗁 Program Files 🗁 Program Narrative

Principle	Practice	Benchmark	Documentation
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.	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.	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.	🗁 Program Files 🗁 Program Narrative
	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, intimate partner violence services, and childcare.		🗁 Community Resource Directories 🗁 Program Narrative 🗁 Team Meeting Notes
	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.		🗁 Program Files 🗁 Policy and Procedure Manual
	K - Release of information forms used for referrals should be specific to the referral agency and time limited.		🗁 Participant Files 🗁 Policy and Procedure Manual

Principle	Practice	Benchmark	Documentation
SG10 - Programs are aware of and sensitive to participants' experiences of services.	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.		🗁 Exit Interview Forms 🗁 Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	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.		🗁 Participant 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 cooperate with all elements of data collection, training, and reporting information as required by IBTI.	100% of program staff participates in OunceNet 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.	100% of quality assurance activities are documented and monitored at an agreed upon frequency.	🗁 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

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	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 126 for specific information on what should be restricted on OunceNet computers.		Program Files Site Support Plan and other NFP continuous quality assurance tools