

(HFA/HFNJ) Long-Term Goals

Healthy Families New Jersey Logic Model for Program Management

Program prevents child abuse and neglect by offering intensive home visiting services with at least six months of weekly visits after the birth of the baby: visits decrease in intensity as indicators of family progress increase, until child is three years old. Program provides parent support, linkages, socialization. education, and parent-child interaction information. Staff completes goalsetting activities with participants to direct service delivery and strenathen families. Staff use research-based curriculum with participants to quide them toward goal attainment and program aims. Within this structure for services, home visitors and/or

assessment

workers will:

• provide a screening and KEMPE assessment service for all referred families prior to enrollment to the HF program

- use the assessment to determine strengths and areas to grow
- provide referrals to community resources, as needed
- offer enrollment to eligible families consisting of at least six months of weekly home visits and offered up until age 3

• assist participants in establishing a medical home including accessing health insurance and primary care providers as necessary

In Home Activities

- facilitate discussions about health and wellness including the importance of prenatal and postpartum care as well as discuss family planning options with all participants
- provide referrals, as appropriate, to health care resources including for substance abuse and mental health issues and family planning services
- encourage participants to attend groups for support, education and socialization
- facilitate discussions on role and importance of co-parenting

• connect participants to community resources to address basic needs (e.g. food, clothing, housing, income, and life skills)

- connect participants to formal and informal social networks, support and parenting groups and neighborhood resources
- facilitate discussions on social support and co-parenting and the impacts on family and economic well-being
- provide participants with leadership opportunities for skills development (e.g. leading group meetings)
- facilitate discussions to build participant advocacy skills in accessing and fostering relationships with formal support networks (e.g. social services, financial aid, special education needs)
- provide referrals to education, employment, life skills (e.g. shopping, cooking, cleaning, banking) and job training resources
- collaborate with families to support plans for education, employment, and job training

discuss and model positive parenting practices with participants

- connect participants to parenting education and support resources
- identify harsh parenting practices and discuss alternatives
- educate the family about the importance of positive parent-child interaction and infant mental health
- facilitate discussions on social support and co-parenting and impacts on positive parenting
- administer HOME scale and collaborate with families to improve ratings in each construct where applicable

discuss and model healthy child development activities with participants

- connect participants and their children to health care providers
- facilitate discussions about child health and wellness, including safety and immunizations,
- screen all children for developmental delays using the ASQ, according to ASQ guidelines
- refer children identified as in need of further evaluation for potential developmental delays to Early Intervention
- track children's immunizations, well-baby visits and lead screenings
- discuss the role and benefits of breastfeeding
- collaborate with participants to manage their children's health care resources
- facilitate discussions on the importance of co-parenting on healthy child development
- · collaborate with families to develop goals centered on child health and development

 develop partnerships with community services in order to connect with new families

conduct appropriate number of screens and assessments per FTE

(DCF) Short-Term Goals

 trained home visitors develop trust with families and provide services as promised

participants get appropriate prenatal, postpartum, and wellness care

- participants have a primary care provider
- participants utilize health care resources appropriately
- participants manage their health care resources well
- participants delay a subsequent conception for at least 18 months
- teenaged participants delay subsequent pregnancies

 participants develop skills to access and navigate social support systems (e.g. WIC, WorkFirst NJ) and ensure family and economic well-being

 participants return to school to complete high school/GED or post high school education, receive job training, or are employed

 participants are and remain free from incidents of abuse and neglect

- participants demonstrate improved parent-child interaction
- participants' home environments foster learning and early literacy

• participants' children are up-to-date with immunizations

- participants' children are on track developmentally or receive other intensive services that address developmental delays
- participants breastfeed their children
- children have a primary care provider and health insurance
- participants utilize their children's health care resources appropriately

To systematically reach out to parents to offer resources

To promote optimal family health and wellness (*NJ Specific)

To build the

foundation for

strong family

functioning

To cultivate the growth of nurturing, responsive, parent-child relationships

To promote healthy childhood growth and development