

**Home Visiting Continuum of Preparedness and Strength**  
(01-17-14 Working DRAFT)

**Rural Home Visiting Project: Continuum of Preparedness and Strength (Working Draft 01.17.14)**

SOURCES: 1. NFP Implementation Plan Guide, 2. NFP Implementation Plan, 3. PAT: Readiness Reflection Tool: [http://www.parentsasteachers.org/images/stories/documents/2011\\_Readiness\\_reflection.pdf](http://www.parentsasteachers.org/images/stories/documents/2011_Readiness_reflection.pdf), 4. Affiliates Plan 2013 Final, 5. Essential Requirements for Affiliates (updated September 2012) [http://www.parentsasteachers.org/images/stories/documents/Essential\\_Requirements\\_9-5-12.pdf](http://www.parentsasteachers.org/images/stories/documents/Essential_Requirements_9-5-12.pdf), 6. Quality Assurance Guidelines for Parents as Teachers Affiliates (March 2013): [http://www.parentsasteachers.org/images/stories/documents/3-2013\\_QA\\_Guidelines.pdf](http://www.parentsasteachers.org/images/stories/documents/3-2013_QA_Guidelines.pdf), 7. NIRN Website/ Implementation Drivers: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>, 8. SVP Organizational Capacity Assessment Tool

**A. FIT-Section 1: COMMUNITY Fit with EBHV Outcomes, Models and Requirements**

Fit- The match between community interest, priorities and characteristics, AND EBHV outcomes, models and requirements. This is a two-part section. **Degree of Fit** helps communities consider the extent to which EBHV outcomes, model and requirements are a good fit for their community. **Implementation and Sustainability** helps communities identify EBHV implementation and sustainability objectives.

Capacity Elements	Degree of Community Fit with EBHV Models					Installation, Implementation and Community Support for EBHV Program		Sustainability Of EBHV Program	
	1. Baseline Level- <b>NOT A FIT</b> with EBHV Goals and Approach	2. Emergent Level- <b>POSSIBLE FIT</b> with EBHV Goals and Approach	3. Moderate Level- <b>LIKELY FIT</b> with EBHV Goals and Approach	4. High Level- <b>CONSIDERABLE FIT</b> with EBHV Goals and Approach	5. Match- <b>MATCH</b> with a Selected Home EBHV Model, Goals, Approach and Requirements	INSTALLATION/ IMPLEMENTATION of EBHV Program	GROWING SUPPORT for EBHV Program	STRONG SUPPORT for EBHV Program	HIGH SUPPORT and Engagement in Sustaining/Expanding EBHV Program
			Yes to Next Five Rows, Required to Proceed Further →	Yes to Next Five Rows, Required to Proceed with Preparedness Assessment	Yes to Next Five Rows, Required to Proceed with Action Planning	↓			
<b>A1. Presence of a Potential Consumer Population &amp; Geographic Fit with EBHV</b>	Too few potential consumers reachable for an EBHV Program.	Borderline numbers of eligible potential consumer population. Geographically located in a way that could match an HV model design.	Likely adequate number of eligible potential consumer communities. Careful analysis of geographic location and likely participation is being planned.	Sufficient numbers of eligible potential consumer population geographically located in a way that fits with EBHV models. Target population and service area are defined.	Sufficient numbers of eligible potential consumers are geographically located/reachable in a way that will fit one or more EBHV models.	↓			
<b>A2. EBHV Seen as Good Way to Get Desired Results</b>	No visible support or interest.	At least a few influential people are interacting with others to generate interest in addressing EBHV-related outcomes.	At least a few influential people want an EBHV program in their community and they are working to engage others.	Influential people in the potential consumer communities and in the broader community are working to build support for an EBHV program in their community, and there isn't significant opposition to an EBHV program in the community.	There is broad community support for one or more specific EBHV models in the community.	↓			
<b>A3. Selection of Appropriate EBHV Model</b>	EBHV models are not a match with community priorities and/or community is not interested in exploring EBHV fit with community priorities.	Community members are interacting with each other about which EBHV model best matches community priorities.	The community has identified one or more EBHV models that are acceptable to the community and are likely to be feasible. The community is interested in participating in a full assessment of EBHV model fit with community priorities.	The community has determined that one or more EBHV models fit with community and implementing agency characteristics and capacities.	The community has selected an EBHV model that fits with community and implementing agency characteristics and capacities.	↓			
<b>A4. Ability to Recruit Families in Consumer Populations</b>	There is no relationship or negative relationships among potential consumer communities and potential implementing agencies.	Potential implementing agencies and community partners that have positive relationships with potential consumer communities are involved in community discussions to explore an EBHV program.	One or more potential implementing agencies/community partners that have positive relationships with potential consumer communities are interested in exploring the implementation of an EBHV program.	An implementing agency/partnership and the potential consumer community agree to work together to identify ways to recruit sufficient families for one or more EBHV models.	An implementing agency/partnership and consumer community agree that it is likely that they will be able to recruit enough families to participate in the selected EBHV program.	↓			
<b>A5. Potential Implementing Agency Interested in Providing EBHV</b>	No viable potential implementing agencies are interested.	Potential implementing agencies explore their interest and interact with others in the community about efforts to address the issue.	Potential implementing agencies likely to meet model requirements (see Fit Section 2 below) express interest and actively engage in the community planning effort and explore whether an EBHV program is desirable to them, and possible within the necessary timeframe.	An implementing agency is identified and actively involved in community planning efforts. Agency leadership understands EBHV benefits and requirements and believes they are likely to be able to meet the requirements. The agency is committed to exploring the possibility of providing EBHV, engaging in action planning, and committing agency resources (staff, funds) to EBHV program planning.	Agency leadership understands EBHV benefits and requirements, sees the addition an EBHV program as an organizational priority and commits agency resources (staff, funds) to capacity building and grant application process.	An implementing agency is selected and certified. Funds are identified. Implementation is in progress.	The implementing agency has partnerships and initial resources in place to recruit families, provide program activities and meet all initial program requirements.	The implementing agency meets recruitment, service and quality benchmarks. The community demonstrates support for EBHV through media, advocacy and/or resource development.	The implementing agency has partnerships and resources to sustain and/or expand the EBHV program.
<b>A6. Engaged Community Leadership and Volunteers</b>	No recognition of issue or leaders believe that this is not an issue for their community.	Leaders are trying to get something started. Individuals from different sectors interact and learn about the issue and ways to address it.	Leaders and community volunteers participate in meetings and discussions about ways (, including EBHV) to address the issue.	Community leaders and community volunteers engage in planning and express interest in implementing an EBHV in their community. Volunteers lead, carry out and complete EBHV preparedness planning tasks.	Leaders support the selected EBHV model and leaders and volunteers engage in action planning to implement the selected EBHV model.	Leaders and community members actively support implementation efforts. Community members engage in initial recruitment of families and advisory committee formation.	Leaders support continuation of basic efforts and seek sustaining resources. Community members (including EBHV consumers and influential champions who do not work for the EBHV provider) speak positively of the value of the EBHV program and work to broaden the relationships and resources needed to implement the EBHV model.	Leaders actively participate in expansion/improvement. Community members engage others to participate in EBHV recruitment, referral and raising awareness about the importance of EBHV in their community.	Leaders continually review evaluation results of the efforts and modify support accordingly. Community members actively engage in Advisory Committees and tasks to sustain and/or expand the EBHV program.
<b>A7. Broad Community and Consumer Population Priorities for Children and Families Consistent with EBHV Outcomes/Program</b>	No visible awareness of priority on EBHV-related outcomes. Community priorities are not consistent with EBHV outcomes or approach.	There is expressed priority on the need for services to address the EBHV outcomes by at least a few people. People, including influential champions, are talking with others about ways to address the issues that EBHV addresses.	Community priorities for families and children are consistent with EBHV outcomes. Community members (including at least a few influential champions) are meeting to explore EBHV as a way to address these issues/ community priorities.	Issues that EBHV can address are a high priority. Community members (including influential champions) are engaged in planning efforts to explore EBHV as a way to address these issues.	Community members (including influential leaders and champions) support the selected EBHV model and are engaged in action planning.	Consumer communities participate in EBHV Advisory Committees and outreach. Community members and influential champions actively support the implementation of the EBHV model, offering referrals, follow-on services, resources and technical support.	Community member (including EBHV consumers and influential champions who do not work for the EBHV provider) speak positively of the value of the EBHV program and work to broaden the relationships and resources needed to implement the EBHV model.	Current/past EBHV consumers take leadership roles in community planning and advocacy to demonstrate the value of EBHV programs. Community members who do not work for the EBHV program can name key program benefits, elements and/or gaps in service and are working to generate the involvement of others.	Community members who do not work for the EBHV model include the EBHV model and its data as part of health, early learning and education system improvement efforts. Current/past EBHV consumers participate in planning and championing improvements to local EBHV services. Influential community champions are actively engaged in efforts to identify on-going resources to sustain and/or expand EBHV programs.
<b>A8. History and Practice of Multi-Agency Partnerships and Initiatives</b>	No awareness that local needs might be met through multi-agency partnerships and initiatives for family and child services.	Agencies express interest in working together to address the issue.	Agencies and/or current partnership(s) that have positive relationships with potential consumers exist and are interested in working together to explore EBHV as a way to address community priorities.	Potential implementing agencies are part of an existing or emerging community partnership that has positive relationships with consumer communities. Partner agencies are working together to support a potential implementing agency identify ways of providing EBHV services and referrals.	Current partnership and potential implementing and referral agencies are actively engaged in action planning, and negotiating multi-agency agreements for: (1) referral to EBHV program; and (2) for referrals from EBHV program for other support services need by families.	Implementing agency secures necessary agreements and partnerships to recruit families and provide required services, screening and referrals to other services.	Implementing agency and its partners coordinate outreach, triaging and enrollment to ensure full caseloads. All required services, screening and referrals to other services are in place and benchmarks are met.	EBHV program is operating at full capacity. Implementing agency has agreements and partnerships and/or good relationships with many of the agencies, initiatives and community leaders involved in health, early learning and education.	Implementing agency has strong working partnerships with local and state partners to sustain and/or expand recruitment, program quality improvement, policy/advocacy and resource development.
			↓ Conditions to move from <i>Threshold Assessment</i> into <i>Preparedness Assessment</i>	↓ Conditions to move from <i>Preparedness Assessment</i> into <i>action planning</i>	↓ Conditions to be prepared for grant writing				



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A. FIT- Section 2: IMPLEMENTING AGENCY Fit with EBHV Outcomes, Models and Requirements									
Fit- The match between community interest, priorities and characteristics, AND EBHV outcomes, models and requirements. This is a two-part section. Degree of Fit helps communities consider the extent to which EBHV outcomes, model and requirements are a good fit for their community. Implementation and Sustainability helps communities identify EBHV implementation and sustainability objectives.									
Capacity Elements	Degree of Community Fit with EBHV Models					Installation, Implementation and Community Support for EBHV Program		Sustainability Of EBHV Program	
	1. Baseline Level- NOT A FIT with EBHV Goals and Approach	2. Emergent Level- POSSIBLE FIT with EBHV Goals and Approach	3. Moderate Level- LIKELY FIT with EBHV Goals and Approach	4. High Level- CONSIDERABLE FIT with EBHV Goals and Approach	5. Match- MATCH with a Selected Home EBHV Model, Goals, Approach and Requirements	INSTALLATION/ IMPLEMENTATION of EBHV Program	GROWING SUPPORT for EBHV Program	STRONG SUPPORT for EBHV Program	HIGH SUPPORT and Engagement in Sustaining/Expanding EBHV Program
			Yes to Next Six Rows, Required to Proceed further →	Yes to Next Six Rows, Required to Proceed with Preparedness Assessment	Yes to Next Six Rows, Required to Proceed with Action Planning				
A9. History & Knowledge of Evidence-based Model Implementation	No history and no knowledge of implementing evidence-based program models	Agency leaders and key staff express interest in implementing evidence-based models and are gathering information about requirements and impact on agency staff, systems and budgets.	Agency leaders and key staff are knowledgeable about model requirements and are prepared to explore devoting the leadership, staffing, resources to implementing an evidence-based program.	Agency commits leadership, staff, financial and programmatic support for implementation of an evidence based home visiting model. Agency has implemented an evidence-based program model.	Agency commits leadership, staff, financial and programmatic support for implementation of an evidence based home visiting model.				
A10. Experience and Strong Working Relationships with Target Populations	No history and no experience working with identified target populations	Agency leaders and key staff are interested and likely to have the capacity to establish relationships, but do not have a history or experience with the target population.	Agency has history and experience working with the target population. No insurmountable negative history to securing referrals and providing services.	Agency has positive relationships with and experience partnering with the target population.	Agency has expertise and capacity to engage and recruit the target population in culturally and linguistically appropriate ways.				
A11. Capacity/Experience with Data Collection and Use of Data for Continuous Quality Improvement (CQI)	No/little history, experience or interest in data collection and continuous quality improvement.	Agency leaders and key staff are interested in exploring implementation of CQI. Agency gathers and analyzes data to determine achievement of program objectives.	Agency has knowledge of data requirements, CQI benefits, uses and implementation steps and is interested in continuing to explore implementation of EBHV and CQI systems.	Agency has experience in data collection and using data for continuous quality improvement. Agency has sufficient data system functionality to support CQI.	Agency is knowledgeable about model data and CQI requirements and is prepared to make changes and improvements to data systems, data collected and CQI processes.				
A12. Ability and Commitment to Recruit and Retain Competent Staff	Agency sees little likelihood of being able to recruit and retain competent staff.	Agency believes that it may be possible to recruit and retain competent staff and is interested in assessing this capacity.	Agency understands model staff requirements believes a pool of qualified staff are likely to be available in the community.	Agency has identified a compensation package that will allow it to recruit and retain competent staff.	Agency is prepared to recruit competent staff, and offer competitive compensation necessary. Agency is prepared to institute adequate supervision and mentoring.				
A13. Protocols for Staff Support (e.g., client confidentiality, recordkeeping, safety and supervision, etc.)	Agency does not have protocols in place and is not interested in developing protocols.	Agency is interested in developing and implementing protocols needed to implement EBHV program.	Agency has one or more protocols in place that are regularly used to guide practice. Agency is willing to add new protocols needed to implement EBHV services.	Agency has knowledge of, and interest in, developing and implementing needed protocols.	Agency has commitment and capacity to identify, develop and implement protocols for the selected EBHV model.				
A14. Capacity and Commitment to Staff Training and Development	Agency has little capacity or interest in staff training and professional development	Agency has interest in developing staff training and professional development.	Agency has staff training and professional development programs in place for existing programs and is willing to add new protocols and resources needed to implement EBHV services.	Agency has knowledge and interest in developing staff training and professional development required for successful implementation of EBHV program.	Agency has commitment and capacity to identify, develop and implement staff training and professional development for selected EBHV model.				
			↓ Conditions to move from <b>Threshold Assessment into Preparedness Assessment</b>	↓ Conditions to move from <b>Preparedness Assessment into action planning</b>	↓ Conditions to be prepared for grant writing				

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<b>B. CAPACITY: Preparedness and Strength of COMMUNITY and IMPLEMENTING AGENCY Capacities</b>									
<b>Capacity</b> is the community and agency skills, ability and preparedness to install, implement and sustain the selected home visiting model with the fidelity required to get the best results for children and families. This <b>section</b> helps communities and agencies identify current and needed capacity and serves as the basis for developing Action Plans.									
Capacity Elements		Exploration and Action Planning	Needed Capacities Identified	Needed Capacities Identified - Prepared for Grant Writing- PAT	Needed Capacities Identified - Prepared for Grant Writing- NFP	Installation - Acquire and re-purpose resources needed to implement the model	Initial Implementation - Learn, accommodate and support new ways of working	Full Implementation- 50% team members are implementing with fidelity and good outcomes	Highly Capable
<b>Established Need and Population</b>									
<b>B1. Defined Consumer Population and Service Area - Sufficient consumer population to implement program within the service area.</b>		Eligible population in a reachable service area is selected.	Eligible population, family characteristics for targeting and service are agreed upon.	Service area is described. (PAT 2013 Affiliate Plan P. 4) Ages and high-need characteristics of target population identified. (PAT 2013 Affiliate Plan P. 4)	Clear geographic boundaries are established for referrals and program availability. (IPG P4). Adequate numbers of eligible first-time mothers are present in the service area. The eligible population has been estimated using NFP estimation methods and fits model (IPG P. 5)	Agency reconsiders the service area and target population if/as needed.	Agency reconsiders the service area and target population if/as needed.	Agency reconsiders the service area and target population if/as needed.	Agency reconsiders the service area and target population if/as needed.
<b>Integration/Coordination with Other Programs in the Service Area</b>									
<b>B2. Home Visiting Service Coordination and Integration - Conceptual and procedural links with other home visiting services are planned and implemented.</b>			Other home visiting programs and their clients, service areas are identified and cooperative relationships are established.		An inventory of other home visiting programs serving pregnant and/or low-income mothers in the service area is completed. A feasible plan for successful coordination integration with other programs is created. (NFP-IPG PP. 6-7)	Relationships are established and working agreements are in place for appropriate referrals to and from each program.	Periodic meetings/calls are held to streamline conceptual and procedural challenges of referring.	Referral information is regularly reviewed and conceptual and procedural challenges addressed.	Referral information and consumer feedback are regularly reviewed and continuous improvement processes applied.
<b>Organization Mission and Culture</b>									
<b>B3. Commitment to the Program - Agency leaders demonstrate a high-level of commitment to implementing the selected model.</b>			Leaders understand what it will take to implement the selected model, commit to dedicating the time and resources needed, and are actively engaged in planning and building community support.		There is a clear description of how support for implementation of the selected model evolved within the agency, and there is clear support for implementation within multiple layers of leadership. (NFP IPG P. 8)	Agency devotes time and resources to installation of the model.	Agency devotes time to ensuring model fidelity and successful implementation.	Agency is able to finalize all implementation tasks to implement the model with fidelity.	Agency actively looks to incorporate new knowledge a model developer guidance into the program. Board composition reflects a strong commitment to the EBHV outcomes and consumers.
<b>B4. Mission Alignment - Agency vision, mission, values are compatible with the selected model.</b>			Compatibility of agency mission, vision and values with the EBHV models is considered. Solutions to revise direction, policy, resource or other inconsistencies, if any, are identified.	There is a clear description of agency fit with PAT program.	There is a clear description of how agency vision, mission, values are compatible with the NFP model. (NFP IPG P. 8)	Practice-to-policy communication loops are in place to identify and quickly resolve issues.	The agency uses its existing internal and external communication and relationship cultivation mechanisms to spur support for the program.	The program is regularly featured in internal and external presentations of the agency's work.	
<b>Organizational and Leadership Drivers of Successful Implementation</b>									
<b>B5. Implementation Knowledge &amp; Skill - The agency is able to implement each program element of the required model.</b>			Leaders understand program elements and have identified capacities needed to implement the selected program with fidelity.	The agency has reviewed <i>Essential Requirements for Affiliates and Quality Assurance Guidelines</i> and determined that it can implement and meet all required elements. The agency has completed the PAT agency self-assessment (recommended) (PAT QAG).	There is a clear description of the agency's ability to implement all required elements, including any anticipated challenges to implementing the model elements with fidelity. (NFP IPG P. 8)	Program elements are in place.			
<b>B6. Program Knowledge and Experience - Staff members and close partners have needed education and experience (e.g. home visiting, maternal and infant care, delivery of evidence-based programs, early childhood development, etc.)</b>			The agency has articulated the types and levels of experience and knowledge needed. The agency has described how it has or will secure this experience and knowledge.		There is a clear description of recent and historical experience of the agency in the program areas required to implement NFP with fidelity (e.g., maternal & child health, formally-defined evidence based programming, work with minority or hard-to-reach populations.) (NFP IPG P. 8)	The EBHV Team demonstrates and has access to sufficient knowledge and experience across the agency and community to implement the EBHV.	The EBHV team reviews initial implementation information and experience and makes adjustments.	Agency compares early implementation information and experience and makes a plan to fill any gaps in knowledge and experience.	Agency proactively looks for ways to enhance knowledge and skill to improve services.
<b>B7. Adequate Programmatic Support- The agency has committed adequate programmatic resources such as telephones, facilities, computers, information technology, and cell phones to implement the program with fidelity.</b>			The agency has identified the programmatic support that will be needed and the possible sources/configurations of those supports.		Agency has a description of and commitment to adequate programmatic supports according to stated model elements regarding equipment. (NFP IPG P. 8)	Programmatic supports are put into place.	Programmatic supports are reviewed and refined as necessary to strength service delivery.	Programmatic supports are reviewed and refined as necessary to strength service delivery.	Programmatic supports are reviewed and refined as necessary to strength service delivery.
<b>B8. Use of Data to Guide Fidelity and Practice- The agency has skill, infrastructure and effective processes to effectively use data to monitor performance, assure program quality, guide practice and support decisions. Systems and processes are readily used by staff at all levels.</b>		Agency staff have experience monitoring performance using program data. Commitment to identifying needed additional capacities and creating a plan for using data to assess performance and improve practice.	Agency has identified the capacities and resources needed to gather and use data and other information to monitor performance, assure quality, guide practice and support decision-making. Agency has assessed the skill and expertise of staff in use of planned data systems and planned for any necessary training.	A computerized data management system is identified for use in tracking and summarizing PAT data. There is a plan for gathering and summarizing feedback from families. (PAT 2013 Affiliate Plan P. 5).	Agency has a description of their ability to, and plans for, using program data to monitor performance and improve practice (including how administrators will encourage good practice). A data collection method is identified, with the knowledge that all NFP Implementing Agencies receive access to. ETO. (NFP- IPG P. 9).	Data systems that meet model requirements are installed. Data gathering and performance monitoring plans and protocols are in place. Agency leaders and EBHV team have initial protocols for using data to support decision-making. Staff are trained and competent in use of data systems.	Data and other information are gathered and reviewed to make early implementation adjustments. Staff receive ongoing technical support in entering, extracting and analyzing data.	Data and other information are gathered to determine current performance, fidelity to program model and needed adjustments. Staff receive ongoing technical support in entering, extracting and analyzing data.	Data and other information are routinely used to guide continuous improvement of services and consumer experience. Individual staff are able to analyze and use data to improve their performance and suggest service improvements.
<b>B9. Common Evaluation - The agency has the ability to track and use data required by individual program models as well as participate in a common outcome benchmark process across Washington HVSA grantees.</b>			Agency has a logic model and/or theory of action that guides and focuses organizational effort on achieving outcomes unique to the program and common across the benchmarking process.	Agency is able and agrees to meet or exceed the PAT Essential Requirements of Affiliates for Evaluation and Continuous Quality Improvement and has completed the Grant Application. (PAT QAG)- Appx. A. #'s 17 & 18.) <i>Note that the PAT database system (Visit Tracker) is included in the Affiliate fee.</i>	The agency is able and agrees to collect data as specified by the NFP- NSO and use NFP reports to guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity. (NFP-IP Sec. IV.1)	A theory of action and/or logic model is in place. Data collection and other processes focus staff attention on the desired outcomes for services.	Data about outcome attainment are collected and regularly reviewed to make early implementation adjustments.	Data about outcome attainment are collected and regularly reviewed to make program adjustments.	Data about outcome attainment are collected and incorporated into continuous improvement processes.

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**B. CAPACITY: Preparedness and Strength of COMMUNITY and IMPLEMENTING AGENCY Capacities (Continued)**

Capacity is the community and agency skills, ability and preparedness to install, implement and sustain the selected home visiting model with the fidelity required to get the best results for children and families. This section helps communities and agencies identify current and needed capacity and serves as the basis for developing Action Plans.

Capacity Elements	Exploration and Action Planning	Needed Capacities Identified	Needed Capacities Identified - Prepared for Grant Writing- PAT	Needed Capacities Identified - Prepared for Grant Writing- NFP	Installation - Acquire and re-purpose resources needed to implement the model	Initial Implementation - Learn, accommodate and support new ways of working	Full Implementation- 50% team members are implementing with fidelity and good outcomes	Highly Capable
<b>B10. Technical &amp; Adaptive Leadership/Facilitative Administration</b> - The agency has the skill to effectively manage technical aspects of the EBHV program model and adapt to changing demands and circumstances.		Agency has identified needed leadership and staff experience, knowledge and expertise to implement the model with fidelity. Agency has identified systematic approaches to learning about, adapting and sustaining services.		Agency is able to demonstrate the capacity to lead, implement and manage an NFP program. Potential service challenges and concerns are identified, as is an approach to address them.	An implementation team including the EBHV Administrator, agency leadership and EBHV coach/model developer is established to support and troubleshoot early implementation.	An implementation team troubleshoots service barriers identified early and facilitates changes.	An implementation team troubleshoots service barriers identified early and facilitates changes.	An ongoing team of leadership and line staff regularly reviews practices and identifies adaptations and improvements.
<b>B11. Consumer Engagement</b> - The agency has the skills, capacities and processes that allow it to reach, engage and serve consumer populations (including hard-to-reach groups).	Capabilities and plans to engage and serve vulnerable populations.	Experience and capabilities needed to engage and serve identified service populations (such as bilingual staff and trusted sources for referrals) are identified.	Agency has articulated processes to create MOAs, enrollment agreements, and family goal setting processes (PAT QAG- P.9-11). A plan for recruiting key populations, including hard-to-reach groups is in place. (PAT QAG).	Agency/partners have identified capabilities and articulated plans to engage and serve identified consumer populations, including hard-to-reach groups. (NF-IPG P. 10) A plan for recruiting key populations, including hard-to-reach groups is in place. (NFP- IPG P. 14)	Outreach and engagement processes, tools and staff are clearly described and prepared for implementation.	Data and information regarding outreach, engagement and enrollment are reviewed and discussed to refine engagement processes.	Consumers are engaged, enrolled or in application status at the projected levels.	A waiting list of potential consumers exists, spurring demand for service expansion.
<b>Staff Recruitment, Hiring, and Support (Competency Drivers)</b>								
<b>B12. Supportive Culture &amp; Practice/Facilitative Administration</b> - Agency program administrators embrace the new home visiting program model, create a supportive culture, use reflective practice and proactively remove service barriers.		The agency has identified the characteristics necessary to implement the new program, create a supportive culture and implement reflective practice. A pool of potential desirable candidates is identified.		Agency has experience with reflective practice, or has a plan for gaining necessary training. Agency has considered elements of support for nursing practice in particular, including policies and procedures that support nursing staff.	Program administrators with the desired characteristics are hired, oriented and supported in establishing the new EBHV team.	Protocols and processes to support a culture of fidelity, innovation, reflective practice and facilitative administration are in place.	Protocols and processes to support a culture of fidelity, innovation, reflective practice and facilitative administration are regularly used.	Culture, practice, policy and processes are routinely refined.
<b>B13. Recruiting and Hiring High-Quality Staffing</b> - Competent home visitors and supervisors are recruited and hired.	Agency understands HV model staff requirements, believes that qualified staff are available and can be recruited.	Staff qualifications, characteristics and core competencies are identified. An adequate pool of qualified staff is identified. Plan for hiring staff to implement the new program, culture and practice is in place.	Home visitor and supervisor core competencies, expected education, work experience, skills and characteristics are defined. (PAT 2013 Affiliate Plan P. 3) (PAT 2013 QAG. PP. 4-5).	Adequate qualified staff are available and demonstrated by assessment. A competitive compensation package to retain qualified and competent staff has been analyzed and set. (NFP- IMG P.10) The agency is able to articulate the level and types of experience and knowledge needed, and how the agency has or will secure this experience and knowledge. There is a plan for hiring/interviewing (NFP-IPG P. 11)	Home visitors and supervisors are hired and oriented.	Agency leadership checks in with supervisors and supervisors check in with home visitors regarding additional orientation, guidance and support.	Agency follows a process to assess program employee concerns, feelings of preparedness for work and satisfaction.	
<b>B14. Qualified Staff and Professional Development</b> - Qualified HV staff have the training and on-going professional development they need to develop/maintain core competencies.		Agency has identified the competency assessment methods they will use for staff. Training and on-going professional development processes are described. The processes for certification and other training required by the model are described.	Agency demonstrates commitment to comprehensive orientation and completion of <i>Foundational Curriculum/ Model Implementation</i> by all new parent educators. (PAT 2013 QA-G P. 6-7).	Agency has outlined how it will support varied needs of professional development, including allowing adequate time for Nurse Home Visitors to complete all three units of core education. There is a plan for supporting supplemental education needs and ongoing professional development.	A plan is in place and resources (including time) are dedicated for required training and ongoing professional development.	Staff have received required pre-service training and follow-up training is planned.	Staff receive regular training and continuing education.	Staff proactively seek additional development based on data and experience serving their consumers.
<b>B15. Coaching &amp; Supervision</b> - Clinical/ reflective supervision, on-going professional development and coaching are provided for home visitors.		Agency has articulated the methods it will use to reflectively supervise home visitors and provide initial training, on-going professional development and coaching.	Agency has a plan for full-time parent educators to receive at least 2 hours of reflective supervision per month. (PAT 2013 Affiliate Plan P. 3).	Agency has identified an approach to, and capacity for, clinical and reflective supervision. Agency has also identified supports and a plan for initial training and for on-going professional development. Agency has a plan for assessing any gaps in skills for Nurse Home Visitors and supporting supplemental education as needed to support skill-building.	A plan exists and systems are in place for reflective supervision, observation, and professional development to strengthen core competencies and implement HV model with fidelity. (PAT QA P7)	Plans and systems for reflective supervision, observation, professional development to assess core competencies and customize professional development are used.	Plans and systems for reflective supervision, observation, professional development to strengthen core competencies and certifications are tested and strengthened.	Plans and systems for reflective supervision, observation, professional development to strengthen core competencies and certifications are tested and strengthened.
<b>B16. Standards and Policies</b> - Supportive administrative standards and policies needed to implement and support the HV program are in place.		Agency has identified needed policies and standards to support effective EBHV program implementation such as: mandatory reporting, assessments, record-keeping, referrals, supervision and caseloads, flex scheduling professional development, communication with primary care providers and referral resources, client consent, safety planning for home visit, and other policies that foster adherence to model elements and client-centered practice.	Total visits per month/home visitor and # of home visitors per supervisor have been identified using guidelines from PAT Essential Requirements. (PAT 2013 Affiliate Plan P. 3).	A description of experience with nursing practice, (if applicable) and a listing of standards and policies is currently in place (NFP- IPG P. 11).	Needed policies and standards are in place.	Policies and standards are considered and adjustments made based upon early experience.	Ongoing processes to review and refine standards and policies are in place.	On-going processes to review and refine standards and policies are in place.
<b>B17. Funding Requirements and Logic Model</b> - Resources, activities, outputs, indicators and outcomes are articulated and the logic model is completed.	Agency has reviewed model information, funding available and grant and model accreditation requirements and applications and continues wants to proceed.	The agency has reviewed the logic model template and assembled the people and information necessary to complete the logic model.	Agency has completed the required logic model template (resources, activities, outputs, indicators and outcomes/benchmarks) to submit with grant and model accreditation applications.	Agency has completed the required logic model template (resources, activities, outputs, indicators and outcomes/benchmarks) to submit with grant and model accreditation applications.	Go to Common Evaluation, B.9			Logic Model is reviews and updated at least annually.
<b>Community Linkages: Client Referral System and Enrollment Process</b>								
<b>B18. Referral Sources</b> - Referral sources and recipients are identified and committed to making and receiving referrals.	Referral sources are identified and agreements are in place.	Agency has identified likely referral sources as well as needed follow-on services. Likely partners are named.	A resource network of partnering agencies that can provide additional services to families is identified. MOU's are planned or in place. (PAT 2013 Affiliate Plan P. 5 and 2012 Essential Requirements)	Referral sources are described. Estimates of the number of referrals by source are made. Letters of commitment are in place. (NFP- IPG P. 14)	Working relationships and cooperative agreements are established with referral resources. Referral processes are in place.	Referrals are received and made and data regarding the timeliness, appropriateness and degree of follow-up is gathered.	Referrals are received and made and data regarding the timeliness, appropriateness and degree of follow-up is reviewed and used to refine processes.	Referrals are received and made and data regarding the timeliness, appropriateness and degree of follow-up is reviewed and used to refine processes.
<b>B19. Eligibility &amp; Enrollment</b> - A protocol for determining eligibility, prioritizing referrals and enrolling in the HV program is established.		Agency has identified criteria and processes for determining eligibility and prioritizing referrals. Enrollment processes and forms are developed.	Child ages and characteristics of families to be served are identified (PAT-AP Sec III. P. 4).	A plan for prioritizing individuals referred for service is established (NFP- IPG P. 14).	Eligibility, prioritization and enrollment processes and forms are in place.	Eligibility, prioritization and enrollment processes and forms are refined based on early experience.	Eligibility, prioritization and enrollment processes and forms are refined based on consumer data.	Eligibility, prioritization and enrollment processes and forms are continuously improved to remove service obstacles for consumers and staff.

Home Visiting Continuum of Preparedness and Strength

(01-17-14 Working DRAFT)

**B. CAPACITY: Preparedness and Strength of COMMUNITY and IMPLEMENTING AGENCY Capacities (Continued)**

Capacity is the community and agency skills, ability and preparedness to install, implement and sustain the selected home visiting model with the fidelity required to get the best results for children and families. This section helps communities and agencies identify current and needed capacity and serves as the basis for developing Action Plans.

Capacity Elements	Exploration and Action Planning	Needed Capacities Identified	Needed Capacities Identified - Prepared for Grant Writing- PAT	Needed Capacities Identified - Prepared for Grant Writing- NFP	Installation - Acquire and re-purpose resources needed to	Initial Implementation - Learn, accommodate and support new ways of	Full Implementation- 50% team members are implementing with fidelity and good	Highly Capable
<b>B20. Recruitment Planning - A plan is in place to recruit key populations including hard-to-reach groups.</b>		Sources of potential referrals are identified and prioritized.	Agency has a written recruitment plan that identifies effective approaches and settings in which to recruit the populations they serve. (PAT QA guidelines P. 9)	A plan for recruiting key populations, including hard-to-reach groups is in place. (NFP- IPG P. 14)	Families are recruited according to the plan.	Families are recruited according to the plan. Results are reviewed and refinements made.	Families are recruited according to the plan. Results are reviewed and refinements made.	Key population groups see the agency as a respected community agency and encourage peers to participate.
<b>B21. Referral of Ineligible Families - A process for referring ineligible families is in place.</b>		Agency has estimated the number of ineligible families in the service area (e.g. young children not first-born not eligible for NFP) as well as the type of referrals they will need.	A plan for managing referrals that do not qualify for services is in place.	A plan for managing referrals that do not qualify for services is in place. (NFP- IPG P. 14)		Ineligible families are referred to other services.		Ineligible families are referred and data about enrollment included in future planning.
<b>Community Linkages: Service Linkages for Clients</b>								
<b>B22. Linkages and Referral Mechanisms - Partnerships and referral mechanisms for other services needed by HV clients are identified and in place.</b>		Agency has identified types and volume of services that families are likely to need.	Agency has a plan for how Parent Educators will connect families to resources that help families reach their goals and address their needs (PAT 2012 Essential Requirement).	A plan for referring clients to other needed services is in place. (NFP- IPG P. 15)	Referral sources are identified. Working relationships, cooperative agreements and referral processes are in place.			
<b>Sustainability: Political Champions and Advocacy Influence</b>								
<b>B23. Community Support - Communication mechanisms and strategies are in place and external political and advocacy champions are identified and commitments for engagement and advocacy are secured.</b>		Agency has identified the types of community involvement, relationships, agreements, resources and support needed to implement and sustain the EBHV program.		Political, advocacy and philanthropic champions are identified and letters of support are secured. (NFP- IPG P. 16)	Agency has created the communication and outreach mechanisms and strategies needed to build support for the agency and the EBHV. Community members and influential champions are engaged in securing in-kind and cash resources and advocating for the value of the EBHV program.	Agency uses the communication and outreach mechanisms and strategies needed to build support for the agency and the EBHV. Community members and influential champions offer and receive referrals, share resources and provide technical support.	Agency uses the communication and outreach mechanisms and strategies needed to build support for the agency and the EBHV. Community members and influential champions speak positively of the value of the EBHV program and work to broaden the relationships and resources needed to implement the EBHV model.	Agency continuously strengthens the communication and outreach mechanisms and strategies needed to build support for the agency and the EBHV. Community members include the EBHV model and its data as part of early learning and education system improvement efforts. Influential champions are actively engaged in efforts to identify on-going resources to sustain and/or expand EBHV program.
<b>B24. Community Advisors - A HV Program Community Advisory Board is in place.</b>		Agency has determined the roles, responsibilities and requirements for the Community Advisory Board.	Agency agrees to and has a plan for establishing a PAT Advisory Committee of key community stakeholders which will meet at least every six months. (PAT 2013 Affiliate Plan P. 3)	Agency has a plan and timeframe for convening, supporting and communicating with a community advisory board. (NFP- IPG P. 16)	Agency decides whether to vest responsibilities in an existing body or to create a new Advisory Board. Desired member skills and representation characteristics are established. Members are recruited and initial meetings are convened.	The Community Advisory Board meets, reviews early implementation information and offers advice about adjustments.	The Community Advisory Board meets, reviews data and other information and offers advice about adjustments.	The Community Advisory Board formally interacts with a continuous improvement process.
<b>Financial and Fiscal Policy Support</b>								
<b>B25. Financial Position and Controls - Strong financial fundamentals such as operating reserves, adequate cash flow, balanced revenue generation picture are in place. Audited financial statements reflect adequate financial systems and controls.</b>		Agency has strong financial planning and analysis capacities. Agency has adequate resources from diverse sources to sustain operations in the event of a loss of revenue. Agency has accounting systems, processes and controls in place to ensure appropriate expense/revenue accounting and reconciliation and to guard against theft or misappropriation.		Agency has a history of operating in the community and has successfully maintained programs over time whenever possible.	Agency has cash on hand and several months reserves to ensure smooth start-up and continued operations. Agency is able to accurately code EBHV program related expenses and generate reports comparing expenditure to budget.	Agency has cash on hand and several months reserves to ensure smooth start-up and continued operations. Agency regularly reviews expenditure to budget, exploring inconsistencies.	Agency has cash on hand and several months reserves to ensure smooth start-up and continued operations. Agency regularly reviews expenditure to budget, exploring inconsistencies.	Agency has more than 12-months operating reserves to support overall organizational operations. Agency regularly reviews expenditure to budget, exploring inconsistencies.
<b>B26. Budget - A multi-year budget that will allow implementation with fidelity is adopted.</b>			A three-year budget is completed. (PAT 2013 Affiliate Plan P. 3) This may include costs and funding sources for the first two years and a sustainability plan that identifies resource needs for year three.)	A three-year budget is completed, including all necessary expenses to support implementing all model elements with fidelity. (NFP- IPG P. 16) (This may include costs and funding sources for the first two years and a sustainability plan that identifies resource needs for year three.)		Reports reflecting expenditures to budget are reviewed and revisions made.	Reports reflecting expenditures to budget are reviewed and future year budgets revised.	Data regarding incremental costs and benefits are collected and used for continuous improvement.
<b>B27. Sustainability and Fund Development - Fundraising infrastructure is in place and adequate funding for capacity building and implementation funding is secured.</b>		Agency has created a plan that identifies what sources of funding will be cultivated, with what methods and by whom. A development plan for unsecured resources for the EBHV program has been developed.	Major sources of funding are identified and secured for first two, and preferably three years. (PAT 2013 Affiliate Plan PP. 3 & 4)	Prospective and potential funding sources are identified. (NFP- IPG P. 16) A realistic strategy for obtaining long-term financial support is identified. (NFP- IPG P. 16-17)	Agency has systems, processes and staffing to cultivate public and private organizational and individual funders. An organizational fund development plan and EBHV fund development plan are in place. Two of three years of funding are secured.	Staff and partners use emergent opportunities to cultivate funder support. Resources for third and subsequent years are being sought. Initial implementation is used as an opportunity to cultivate support for the program.	Staff and partners use appropriate program opportunities to cultivate funder support. Resources for third and subsequent years are being sought.	Program data and other information, agency communications and fund development support each other. Agency uses varied revenue generation techniques (e.g. grants, cause-related marketing, fee-for-service) to support organizational and EBHV program operation.
<b>B28. Management of Legal &amp; Liability Matters - Potential legal needs, liability issues, and risk management processes are identified and addressed.</b>		Agency has identified potential legal liability issues related to implementation of the EBHV and has a plan to address them. Appropriate authorization, release and other forms are identified.			Agency has addressed potential legal liability issues related to implementation of the EBHV. Risk management processes and appropriate insurance are in place. Appropriate authorization, release and other forms have been created. The agency has \$1,000,000 commercial general liability and automotive liability is \$1,000,000 per occurrence, and names Thrive as an additional named insured.	Risk management processes and appropriate insurance are in place. Staff use appropriate authorization, release and other forms.	Risk management processes and appropriate insurance are in place. Staff use appropriate authorization, release and other forms.	Risk management processes and appropriate insurance are in place. Staff use appropriate authorization, release and other forms.
<b>Implementation Plan and Timeline</b>								
<b>B29. Action Planning - An action plan for capacity development, start-up and implementation is completed (e.g., # staff, expected referrals and caseloads, services, project # visits and outcomes).</b>		Agency has completed an action plan articulating what capacities need to be built/strengthened and how as well as how initial services will be implemented. Implementation plans unique to the model have been drafted.	The required PAT Affiliate Plan articulating inputs, activities, projected outputs and outcomes has been drafted and reviewed with the model lead. (PAT 2013 Affiliate Plan P. 4)	The required NFP Implementation Plan has been drafted and reviewed with the model lead. Start-up needs are considered and realistic implementation benchmarks and dates are identified (NFP- IPG P. 18)	The action plan and approved implementation plan are used to guide capacity development, start-up and service implementation.	The action plan and approved implementation plan are used to refine capacity development, start-up and refine service implementation.	The action plan and approved implementation plan are used to refine capacity development and refine service implementation.	The action plan and approved implementation plan are regularly updated to enhance capacity and service implementation.