Manual of Vermont Home Visiting Program Standards

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We wish to acknowledge the original Home Visiting Alliance and its membership which worked so diligently to provide education, guidance, and materials which led to Act 66 and to the creation of the original Vermont Home Visiting Manual in 2015.

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I. INTRODUCTION

The purpose of this manual is to establish guidelines and best practices for family and early childhood home visiting service providers and home visitors in Vermont to achieve the best possible outcomes for children and families. In 2013, Act 66—the Home Visiting Law—was passed and regulations subsequently developed and updated in 2023.
https://www.healthvermont.gov/sites/default/files/document/pol-homevisiting-rule-final-adopted-clean-final.pdf
This manual reflects the Vermont statute and recognizes federal home visiting policy. Its purpose is to provide consistent and fundamental guidance to Vermont home visiting providers based on the Home Visiting Rule. These fundamentals apply to all parental and early childhood Vermont home visiting services at a minimum.

Outcome Goals

Under state law, parental and early childhood Vermont home visiting services are regular, voluntary visits with a pregnant or postpartum person, caregiver, or family with a young child through the age of five, for the purpose of providing a continuum of services designed to:

- Improve parental and child health
- Prevent child injuries, abuse, or maltreatment
- Promote social and emotional health of children and their families
- Improve school readiness
- Reduce crime or domestic violence
- Improve parent education and economic self-sufficiency
- Enhance coordination and referrals among community resources and supports such as food, housing, and transportation

Vermont home visiting services are intentionally designed with trained staff working in partnership over months or years with families who are expecting or who have young children. Services are designed to be offered in the family's home and to improve outcomes for children by helping to strengthen families and help them build key protective factors.

The system for home visiting includes a network of providers who deliver either a federally recognized, evidence-based model or home visiting services with key standards and elements of quality. Vermont's home visiting system is supported by public funding and state administrative structures through the Vermont Agency of Human Services (AHS), including the use of outreach and intake functions core to Children's Integrated Services (CIS), or other private or community-based funding.

This Home Visiting Manual highlights key standards and elements for home visiting services. It is the home visiting service provider's responsibility to create a program plan in accordance with the Home Visiting Manual if they are not funded federally or are not receiving state funding for home visiting services.

Core Beliefs

Core beliefs that are the foundation of the state's home visiting law, services and system include:

- A healthy pregnancy and first years of life are critical to lifelong health and development.
- Parents and guardians are the primary source of nurturing in their children's lives and the most important teachers and influencers.
- Every child has a right to nurturing and positive caregiving.
- Participation is voluntary for families, and families best define who is in their family unit and the professional contacts or services they seek.
- Evidence-informed home visiting services are an effective approach to improving child and family outcomes.
- To be effective, home visiting services depend on and should be embedded in a comprehensive, well-coordinated system of early childhood services and supports (e.g., medical home, early care, and education).
- Public policy should promote positive and improved outcomes for children and families (including sustainable and transparent funding to support quality) and should promote shared accountability for continuous quality improvement (CQI) and responsibility.
- Families should be supported in advocating for and accessing necessary services.
- Policies and practices should be informed by home visiting participants, staff, and providers.

Definitions

Concept	Definition
Home visiting services	Voluntary visits with an individual Voluntary visits with an individual, family expecting a child into their care, or a family with a young child, for the purpose of providing a specific service or a continuum of services: • Providing an array of services designed to improve family and child health • Strengthening the parent-child relationship • Preventing child injuries, abuse, or maltreatment; promote social and emotional health • Improving school readiness • Reducing crime or domestic violence • Improving economic self-sufficiency

Concept	Definition
	• Enhancing coordination and referrals among community resources and supports, such as food, housing, and transportation
Home visitor	Individual providing home visiting services
Provider	Entity or organization that delivers a home visiting services
Home visiting program/model	Approach or model defined and supported by specific protocols, staff training, visit schedules, and measures
Participants	Young children, pregnant and postpartum individuals, caregivers, and their family members, as defined by the family, who voluntarily engage with home visitors and participate in home visiting programs
Agency	Vermont Agency of Human Services
Home visiting system	Network of home visiting services, providers, and programs provided to Vermont families who are supported by public funding and state administrative structures and use the outreach and intake functions of Children's Integrated Services
Support	Funding, promotion, coordination, or assistance with coordination
Children's Integrated Services (CIS)	Prevention services prenatally through age 5 by services. Services include home visiting, early intervention, specialized childcare and early childhood family mental health.
Strong Families Vermont (SFVT) Home Visiting	Children's Integrated Services (CIS) Home Visiting continuum which is one of the four core CIS services
SFVT Responsive Nurse and Family Support Home Visiting	Trained professionals from CIS partner agencies provide regular home visits in response to time-limited needs. These visits support and strengthen families' health, wellbeing, parenting skills, social connections, and ability to address stressors
SFVT Sustained Family Support Home Visiting	Trained professionals from CIS partner agencies deliver a long-term, evidence-based home visiting program for families coordinates referrals to community resources, ages birth to age five. The program promotes optimal child development, and school readiness.
SFVT Sustained Nurse Home Visiting	Registered nurses from home health agencies deliver an evidence-based home visiting program beginning in pregnancy up to age two. The program promotes health, parent – child attachment, optimal child development and school readiness, and coordinates referrals to community resources.
Head Start	Federal program administered locally that engages parents, staff, partners, and the public, to achieve the highest quality early education and childcare

Concept	Definition
	for young children. Head Start mission is to strengthen and promote high quality programs through professional development of the workforce, collaboration with our partners, and advocacy for high quality programs for children from birth to 5 years old and their families
Help Me Grow Vermont	Help Me Grow links families and children to the information, supports, and services they need to thrive and stays in touch to provide support before, during, and after they are connected
Vermont Parent-Child Centers	Parent Child Centers provide holistic services that are family-driven, strength based, and multi-generational all while building protective factors in children and families and addressing social determinants of health. The network of 15 Parent Child Centers serves all of Vermont with a focus on early identification, intervention, and prevention. The Vermont Parent-Child Centers' deliver their specific State-approved, evidence-informed model of home visiting as one of the eight core PCC services provided across the state.
Early Head Start	Programs that serve infants and toddlers under the age of 3, and pregnant people. This program provides intensive comprehensive child development and family support services to low-income infants and toddlers and their families, and to pregnant people and their families

II. SHARED PRACTICES AND KNOWLEDGE FOR ALL HOME VISITING SERVICES

Vermont has multiple home visiting programs/models and services in operation. Some models are considered evidence based per US Department of Health and Human Service's Evidence of Effectiveness, or evidence-informed, whereas others are thought to be effective but have not undergone sufficient evaluation to be considered evidence based. To improve child outcomes, all parental and early childhood Vermont home visiting providers are required to meet the minimum standards of the Home Visiting Manual while some providers have additional standards and requirements as outlined in grants or contractual agreements with the Agency of Human Services or U.S. federal government.

Program Plan

If a home visiting provider is not using a national evidence-based model such as Early Head Start, Maternal and Early Child Sustained Home Visiting (MECSH), Parent as Teachers (PAT), or receiving State of Vermont funding for CIS Strong Families VT Home Visiting, or is a designated Vermont Parent-Child Center, then the provider must develop a program plan that addresses

the elements of the Home Visiting Manual and submit the plan upon request by the Department.

The Program Plan will include the following:

Component	Detail
General program components	a. Program goals and expected outcomes b. Participant enrollment criteria—who qualifies to be enrolled, for what duration c. If the program expects a fee or out-of-pocket payment by clients, there should be a client informed consent form; as well as written fee costs, schedule, and payment structure and expectations. d. Program/model design—including notification if using a federally recognized evidence-based model • Program/model objectives • Schedule and intensity of visits • Family goal-setting approach • Screening tools
Staffing	a. Qualifications for staff b. Training and orientation requirements c. Supervision and administrative expectations
System	a. Recruitment and intake for families b. Community engagement to improve referrals and linkages c. Transition process for families leaving the program
Reporting/ documentation	a. Data collection and reporting plan, including program and fiscal information b. Documentation plan—what records are kept related to clients, outcomes, impact, and staffing c. Continuous quality improvement (CQI) plans

Vermont Home Visiting Provider Requirements

FAMILY PARTICIPATION

Parental and early childhood Vermont home visiting services provides a continuum of benefits to families based on family preferences, needs, strengths, and risk factors. Services delivered by Vermont providers should:

- Be flexible and designed to meet the needs of clients within communities
- Be inclusive of and responsive to the ethnic, cultural, racial, linguistic, and socioeconomic needs of families
- Enroll families according to the specific program/model criteria

ENROLLMENT CRITERIA

The Vermont home visiting system permits each service to determine enrollment criteria according to its standard procedures. Each home visiting program may determine enrollment criteria according to its standard procedures, unless otherwise dictated by the model being implemented and/or by federal or state funding requirements.

ENROLLMENT TIMING

Home visiting services offer varied interventions; in turn, they have differing abilities to support families at various times in pregnancy, during the postpartum period, and in children's lives. When to enroll a pregnant or postpartum person or family depends on program/model enrollment rules and is based on family requests and needs. In general, for at-risk families enrolling families as early as possible in pregnancy or in a child's life yields the best outcomes.

LOCAL CONTACT TIMING

Local home visitors should make contact with families as soon as possible after receiving a referral. The initial contact should also include a response to the referral source to let them know follow-up action has been taken.

ACCESS

Individual home visiting programs/models may have specific participation criteria that affect access. In addition, home visiting providers may have limited capacity or limited availability in some areas of the state. When demand exceeds service capacity, each provider is responsible for determining an appropriate response, which should include making a referral to Help Me Grow or Children's Integrated Services, as appropriate, for families they are unable to serve.

APPROACH TO SERVICE DELIVERY

Vermont believes in the strengths and resiliency of families. Families are partners in service delivery and guide the service through their preferences, needs, and goals. **In Vermont, home visiting service participation is voluntary for families.** The role of home visiting providers is to respectfully serve and support children and families in a responsive, community-based system of care that is:

- **Holistic and relational:** Home visiting providers, home visitors, and families are full partners and collaborators in the development of the family home visiting plan for services and related goals. Home visiting staff uses a relational approach by creating a trusting and empathic relationship with the parents/caregivers. Successful home visiting services view the family as a whole and with openness to supporting all family members in the service of optimizing the parent-child relationship and child development.

- **Family centered:** A family-centered approach that is responsive to the needs of individual families underlies practice standards for home visiting services. Family-centered practice is a way of working with families, both formally and informally, to enhance their capacity to care for and protect their children. Family-centered services recognize that each family is unique, that the family is the constant in the child's life, and that the family members are the experts on the child's needs. Home visitors partner with families to make informed decisions about the services and supports the child and family needs and receives, as well as to set goals that the family aims to achieve. In family-centered services, the strengths and needs of all family members are considered.

- **Family driven:** In family-driven services, the family is understood to be the leading expert on their own child and family situation. They are aware of their own family culture, norms, and goals, as well as the strengths of each family member. They are aware of their other formal and informal support networks. The partnership with the home visitor helps families to fully maximize these strengths on behalf of their child and themselves. In a family-driven system, home visitors listen first to the families' ideas and goals, and then offer their knowledge and perspectives to build protective factors.

- **Culturally and linguistically responsive:** Cultural responsiveness is a strengths-based approach to relationships rooted in respect and appreciation for the role culture plays in shaping our development, relationships, and communities. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. A culturally responsive approach prompts child and family health practitioners, social workers, clinicians, and others to incorporate a family's culture into the services or programming being offered. This can look like: building relationships with families of diverse cultural backgrounds; learning about families' expectations, practices, preferences, and social norms; sensitivity for supporting a child's learning and development in culturally responsive ways; and working with parents and families to incorporate their culture and traditions into your service to them. Home visits should be conducted in a culturally and linguistically responsive fashion. Home visitors shall meet training and educational requirements related to cultural and linguistic responsiveness. Agencies providing home visiting services are strongly encouraged to hire bilingual staff members as needed.

- **Uses best practices:** Home visiting services should be aware and knowledgeable of research, effective strategies, and techniques, and ongoing training and technical assistance that can improve and support the effectiveness of home visiting practice and service provision.

- **Resiliency and trauma informed:** Home visitors shall be trauma informed and resiliency focused to better understand the families they are serving, to support growth, and to

recognize the strengths and challenges that are present. and the importance of home visitor self-care and resilience.

Vermont Home Visiting Services Aims

Home Visiting is both an approach and way of intervening to build the knowledge, skills, awareness, and resources with each family to reach their goals and aspirations. The aims or goals listed below are fundamental to Vermont parental and early childhood home visiting services. Home visiting services are a prevention strategy with the aim of serving expecting families and families with young children to improve family health and wellbeing, prevention of injury and of harm, improved school readiness, family self-sufficiency and coordination of resources. Home visiting services should collect data related to the following goals to track outcomes and measure impact.

Aim #1: Improved Parental and Newborn Health, Family Health, and Well Being

Home visiting programs/models support and promote family health and well-being across an array of needs and services. Home visiting services work to increase factual knowledge about pregnancy, delivery, postpartum health, and child health and development. Promoting families' use of other services should include, but is not limited to, the following:

- Encourage families to ensure that immunizations are up to date for all enrolled children and their parents, understanding that some families may make an informed choice to opt out of some immunizations.
- Assist families with enrollment in health insurance available for children and adults.
- Assist families in identifying a primary care provider/medical and dental home for children and adults.
- Encourage families to complete all recommended well-child visits according to the American Academy of Pediatrics–Bright Futures visit schedule and recommended dental visits.
- Encourage all prenatal participants to attend all recommended prenatal and postpartum visits with their health care provider.
- Provide information or referral for family planning services.
- Screen all prenatal and postpartum women for perinatal depression.
- Screen all families for intimate partner violence.
- Provide information on the risks associated with tobacco use and encourage use of smoking cessation methods and interventions.
- Increase family knowledge of the risks associated with abuse of alcohol and other substance misuse, linking families to treatment services as appropriate.

- Increase family knowledge regarding nutrition and provide referral and linkage to nutrition assistance programs such as the Supplemental Nutrition Program for Women, Infants and Children (WIC); 3-Squares VT; and local food banks and other resources.
- Assist all families with filling out any of the hard-copy or online application forms required for any of the services listed above.
- Assist with accessing, helping to arrange, or providing transportation to such services as needed.

Aim #2: Prevention of Childhood Accidental Injury, Abuse, and Neglect, and Reduction in Crime and Family Violence

Home visitors work with families to develop life and social skills such as decision making, crisis intervention, and parenting skills, including child guidance and discipline.

FAMILY SAFETY

Vermont home visiting programs have the goal of optimizing health and well-being by reducing the potential negative impact presented by family and child risk factors, including accidental injury, substance abuse, unhealthy homes, family violence, toxic exposures, and car seat misuse. In keeping with this overarching vision, home visitors are required to actively address risk factors in children, caregivers, and families. If risk is identified, home visitors should address immediate safety by referring the family to other community providers, thereby helping to create linkages to necessary services. Providing support for victims of intimate partner/domestic violence, including children exposed to it, is an ethical responsibilities of home visiting providers, but should be done in a sensitive manner according to best practice.

CHILD ABUSE AND NEGLECT REPORTING

Home visitors will comply with all state requirements for mandated child abuse and neglect reporting. Home visitors must be trained to understand and follow legal requirements for reporting suspected abuse and neglect.

Aim #3: Improvement in School Readiness and Achievement

Sharing information related to healthy human development with parents is important in helping to lay the groundwork for success in school and life for young children. Quality early care and education play a critical role in healthy development. Providers are encouraged to use evidence-based screening and developmental assessment tools to individualize services for children, make appropriate referrals, and track their progress. Key activities for home visitors in addressing these needs include:

- Increase family knowledge of the benefits of quality early care and education, and provide referral and linkage to quality childcare, Head Start, preschool or other early care, and education services.
- Assist with referrals and linkages to quality early care and education as needed and appropriate for the family.
- Increase family knowledge and use of family-resource, parenting, playgroup, and related activities.
- Increase family awareness of early literacy and help link them to the available resources. Home visitors also seek to develop and maintain positive interactions between parent and child, using parent-child interaction tools as a way of tracking improved outcomes in this area and using guides such as the Strengthening Families protective factors:
- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social-emotional competence of children

Aim #4: Improvements in family self-sufficiency and coordination of community resources

SELF SUFFICIENCY AND RESOURCE CONNECTIONS

The resource and referral function of home visiting is essential to its success in improving child and family outcomes. Referrals will be made as needed to increase family stability and self-sufficiency.

SCREENING

Home visitors, with parental permission, will provide routine screening for detection of developmental and health risks and conditions within families. This includes screening for health, development, and social-emotional well-being of children and parents/caregivers.

Home visiting services or programs may have specific screening tools that are required and/or standard as part of their service provision or funding. Home visitors assist parents in understanding and interpreting any screenings that are done with their children or them. Appropriate screenings help ensure that the needs of parents and children are met early on so that problems or risks are not compounded. The home visitor explains any reasons for ongoing screening or assessment and helps families make decisions about appropriate follow-up action.

Vermont home visitors shall use the most up-to-date, evidence-based screening tools. Below are examples of screening tools in different domains of impact within home visiting services. This is not an exhaustive list and if a home visiting service receives state or federal funding, it is incumbent upon the program to meet any specific grant or contract requirements related to screening and tools, including necessary training and technical assistance.

Aim	**Evidence-Based Screening Tools**
Aim #1: **Improved Parental and Newborn Health, Family Health, and Well-Being**	• Fagerstrom Test for Nicotine Dependence • Alcohol Use Disorders Identification Test (AUDIT-10) • Drug Abuse Screening Test (DAST-10) • Edinburgh Postnasal Depressional Scale (EPDS) • Patient Health Questionnaire (PHQ-9) • Beck Depression Inventory
Aim #2: **Prevention of Childhood Accidental Injury, Abuse, and Neglect, and Reduction in Crime and Family Violence**	• Woman Abuse Screening Tool (WAST - 8)
Aim #3: **Improvement in School Readiness and Achievement**	• Ages and Stages Questionnaire 3rd edition (ASQ-3) • Ages and Stages Social-Emotional Questionnaire (ASQ-SE) • Parent Child Interaction Screening tools: • Infant/Toddler Home Environment Inventory Short Form (I/T HOME) • Protective Factors Survey -2
Aim #4: **Improvements in Family Self-Sufficiency and Coordination of Community Resources**	• Hunger Vital Signs • Environmental Screening Questionnaire (ESQ)

III. STAFFING AND SUPERVISION

For all Vermont home visiting providers, including home visitors, supervisors, and program managers, full documentation of qualifications and training as outlined in this section is required.

Paid home visitors in Vermont shall be employed by an organization that meets requirements in Vermont law. Volunteer home visitors shall be oriented and supervised by a nonprofit organization providing home visiting services or a program enrolled with AHS.

Home Visitors: Qualifications and Training

Home visiting providers will provide set hiring practices, personnel policies, continuous learning expectations, supervision practices, and annual review policies that match the needs of their organization and community.

The staffing plan should include required skills and detailed job descriptions for home visiting positions. However, key areas of experience, knowledge, and skills are highlighted below and are informed by evidence from quality home visiting programs.

In the interest of attaining a high quality of home visiting services throughout Vermont, the following are minimum guidelines.

HEALTH AND IMMUNIZATIONS

It is strongly recommended that all home visitors are up to date on all immunizations, including COVID and Flu. Because some respiratory viruses can be transmitted before a person is symptomatic, it is critical to protect the health of young children, pregnant/postpartum people, and all family members from illness by becoming immunized. Children with compromised immunity, pregnant/postpartum people, infants, and young children are at especially high risk from complications from flu and other illnesses, and home visitors should take precautions to prevent harm.

HOME VISITOR QUALIFICATIONS

Home visiting providers shall not employ, or use any volunteer, or provider if there has been any substantiation of abuse, exploitation, or neglect by that individual.

Home visitors should have the following skills, knowledge, and expertise:

Depending upon the home visitor role and responsibilities, there may be minimum requirements like professional competencies, certifications, and licenses required for compliance.

Interpersonal and Other Skills

Interpersonal:

- Cheerful, nonjudgmental, friendly, open
- Able to forge and maintain strong relationships
- Attentive to detail and nuance
- Strengths-based
- Excited about child and family development,
- Optimistic
- Respectful and helpful team member
- Persistent; doesn't give up on families, but respects family-driven decisions
- Observant
- A good communicator (both written and verbal)
- Able to partner with families and other team members

Other:

- Screening and assessment
- Motivational interviewing
- Data reporting
- Family advocacy

Content Knowledge

- Risk factors related to childbearing and parenting
- Perinatal health and risks
- Child development
- Family development
- Principles of family-centered and family-driven practice
- Community resources and referral systems
- Systemic barriers: poverty, racism, prejudice against young, single, or nontraditional families
- Perinatal and child health nursing
- Early childhood education
- Early intervention
- Social work
- Family support
- Childbirth educator or doula services
- Specialized therapies, including physical, occupational, speech, substance abuse, and domestic violence counseling
- Early childhood mental health
- Adult education
- Health education
- CAPTA requirements

It is recommended that home visiting service providers dedicate at least one team meeting per year to revisiting, evaluating, and revising the orientation procedures.

Mentors are highly recommended for all new staff.

TRAINING AND CONTINUOUS LEARNING

Ongoing and continuous professional development is a core value of high-quality home visiting services. There is a robust network of training for home visitors, depending on the scope of practice, in Vermont and nationally.

Supervision

SUPERVISOR QUALIFICATIONS

The purpose of supervision is to improve practice and self-awareness to ensure optimal outcomes for children and their families. In addition, supervision is intended to provide support for home visitors who often work in isolated, challenging settings. Home visiting program supervisors should have a minimum of one year of supervisory experience and two years of work experience with the target population. Supervisors should possess knowledge of childbearing and perinatal topics, early childhood, and family development (including social and emotional development), reflective practice, and family-centered care.

Home visiting providers should be able to provide reflective supervision for all home visiting staff. Reflective supervision is critical to effective infant and early childhood practice and provides a regular forum for staff and supervisors to thoughtfully sort through the complexities presented by the work of home visitors.

REFLECTIVE SUPERVISION

All home visitors should receive effective supervision. The recommended format is reflective supervision, which can be conducted with individual home visitors or within groups. When this is not possible, peer supervision or one-on-one clinical supervision can be used.

Supervisors use reflective supervision to help staff think about, understand, and place in perspective the information shared by families, the emotion experienced from that sharing, and the feelings generated from their own life experiences. Reflective supervision is a tool to develop a deeper understanding of the experiences and beliefs of families and of each staff member in their interaction with children and families.

Understanding what the staff member brings to the relationship with the family helps to create a more effective partnership. Between the supervisor and home visitor, the process is one of

thinking and talking together about what history, feelings, and expectations each person brings to a specific event. If new understanding is found, it is the result of this mutual exploration.

ADMINISTRATIVE SUPERVISON

Providers should ensure that home visiting staff has appropriate administrative supervision. All staff should receive an overview of the data reporting requirements of the home visiting program during initial orientation. Home visitors shall be oriented to:

- Mandated legal reporting procedures.
- Confidentiality practices for health care and social service staff, such as FERPA (Family Educational Rights and Privacy Act) and HIPAA (Health Insurance Portability and Accountability Act of 1996)
- Ethics
- Outreach and referral procedures and policies
- Other administrative concerns unique to the provider
- Home visiting safety policies and procedures
- Home visiting providers should be oriented to the Five Home Visiting Aims/Goals and any specific data reporting associated with the program's collection of the related data.

Teaming Expectations

Few providers, especially those in the more rural communities, have the luxury of a fully multidisciplinary staff; therefore, it is essential that staff learn to support families as a team across their agency boundaries. Routine intake/triage meetings serve as a strong support for such teaming if home visitors are included. Three ways of promoting functional teams are:

- Working together to meet the holistic needs of individual families and transferring the experience to support other families
- Adopting interdisciplinary reflective practice
- Incorporating interdisciplinary training across agencies

Home Visitor Safety

Safety training, planning, policies and procedures, and support and supervision are vital and fundamental and should be provided to all home visiting staff in all home visiting programs and services. Creating clear communication plans with home visiting staff is essential. Below are listed safety challenges and risks to be considered:

- Animals
- Unsafe housing/building
- Unpredictable behaviors of clients and household members
    - Substance/alcohol misuse
    - Mental health concerns

    - Violent or sexual offender, individuals with criminal records
- Weapons in the home
- Safety related to aftermath of child protection involvement, especially if a lack of collaboration/ communication

System and Supports

Home visiting services are most effective when collaborating with local systems of care for families and young children. These systems include local hospitals, doctor's offices, WIC, local health departments, local child welfare offices, local Head Start, Children's Integrated Services, community mental health agencies, early care and education programs, Parent-Child Centers, and other local early childhood community partners.

CORE SYSTEMS IN VERMONT

Home Visiting services need to be knowledgeable of and work in partnership with their local and community systems in Vermont, for effective outreach, deduplication, program referrals, coordination, collaboration, transition, and discharge. Vermont's family and early childhood home visiting services should recognize and utilize the infrastructure in place to support and connect families and young children to the resources and services they need. Below are current systems/community hubs:

Help Me Grow Vermont is a free service for all prenatal parents and families with young children through age eight. Services can: connect a parent or caregiver to developmental resources and services; request information on child development, pregnancy, or positive parenting skills classes; refer a family for a developmental screening; get help for a family with navigating social services, problem-solving and advocacy; request personalized care coordination to support a child and family; receive follow up as a referring provider.

Children's Integrated Services is a state-funded system of services that offers supports and resources for healthy development and well-being of pregnant and postpartum people and families with young children. CIS services are available to support: health and well-being throughout pregnancy and postpartum, heathy development of speech, language, movement, vision, and hearing – from birth to age 3, find quality child care, and support positive social and emotional development of your child – up to age 5 from the family's natural environment.

Head Start is a federal program provided throughout Vermont to engage parents, staff, partners, and the public, to achieve the highest quality early education and child care for young children. VHSA mission is to strengthen and promote high quality programs through professional development of the workforce, collaboration with our partners, and advocacy for high quality programs for children from birth to 5 years old and their families.

Early Head Start is a federal program that serves infants and toddlers under the age of 3, and pregnant women throughout Vermont. This program provides intensive comprehensive child

development and family support services to low-income infants and toddlers and their families, and to pregnant women and their families.

Parent Child Centers: A network of fifteen designated community-based non-profit centers that help families get their children off to a healthy start. Services include early childhood services, home visits to families with young children, playgroups, parent education, parent support, and information and referral. Parent Child Centers deliver the only State-approved evidence-informed model of parental and early childhood home visiting as part of the eight core services provided across Vermont. Vermont's Parent Child Center Network is named in Vermont statute and recognized as an engine of collaboration and innovation. PCCs' innovative work helps build communities where children and families thrive; communities that support children in having a healthy childhood.

Home Health Agencies: Home Health Agencies in Vermont provide preventive health services for expecting parents and families with children through age six. Home Health Agencies also provide treatment services. For this Manual, Home Health Agencies means the agencies that deliver prevention services such as home visits and telehealth visits. Services include health assessment, screenings, care planning and monitoring, referral, care coordination, & family health education, caring for a baby or child, development education and parenting support. These services are typically delivered as part of CIS responsive or sustained home visiting or by private insurance.

Building Bright Futures (BBF) is Vermont's early childhood public-private partnership, charged under Vermont Title 33 § Chapter 46 and the Federal Head Start Act (Public Law 110-134) as Vermont's Early Childhood State Advisory Council (SAC), the mechanism used to advise the Governor and Legislature on the well-being of children in the prenatal period through age 8 and their families. BBF maintains Vermont's Early Childhood Action Plan, a five-year vision and strategic plan. Within these legislative mandates, BBF is charged with five primary responsibilities: convening, monitoring, empowering, responding, and advising.

OUTREACH

Outreach is a crucial component of a home visiting program for informing the public, families, and community providers about available home visiting supports and services. Outreach depends on efforts to build ongoing relationships with families and other providers as well as to strengthen and improve coordination of services through informing activities.

REFERRALS

Home visiting services should respond in a timely way to every referral, communicating with each referral source and potential client in a respectful, timely, and effective manner. Home visiting services should be knowledgeable of services in the community, and CIS referral flow guidelines, that will help families to connect to other services and to the systems in your community as appropriate. Things to consider when evaluating each referral:

- Best fit of home visiting program/model for family needs

- Program eligibility and capacity/availability
- Family preferences
- Is the family already working with a provider with whom they feel comfortable.
- Provide the family with something tangible, such as a list of next steps and likely dates, a handout on pregnancy or child development, or information about local playgroups.

TRANSITION/DISCHARGE

Home visiting services end for many reasons. When a family transitions or is discharged from the home visiting program, this shall be documented in the family's file. This is also a critical time for the home visiting provider to collaborate with the family and other community providers to see if new services are desired. A warm hand-off should always be considered in supporting engagement.

Families may transition/discharge when:

- The home visiting service is complete/child or parent no longer eligible.
- The family no longer needs the service.
- The family moves within or outside of the state.
- A different service is more appropriate or necessary.
- The family no longer responds or participates.

COMMUNITY ENGAGEMENT

In addition to collaborating with local health, social service, and community professionals, program providers should also ensure that the local community is aware of home visiting services. Community education and development activities represent efforts made at the local and state levels to assure awareness of home visiting services.

Suggested activities may include:

- Public awareness activities to promote community knowledge of the agency's services and outreach to serve the target population.
- Advocacy, education, policy development, and networking on behalf of the target population through formal systems.
- Consultation, education, and training of other community service providers to increase interagency collaboration and the most effective service provisions to clients.

ELIGIBILITY FOR FUNDING

For information about possible home visiting funding eligibility and opportunities with the State of Vermont, please refer to Vermont Business Registry and Bid System [Vermont Business Registry and Bid System - Home]

IV. DATA AND DOCUMENTATION

Statewide Performance Measures

The Home Visiting Act calls for standards regarding performance evaluation and quality improvement measures, including mechanisms for tracking funding, utilization, and outcomes for families and children at the state, community, and program levels.

All Home visiting programs (regardless of funding) are required TO COLLECT data on:

- Internal program administration (e.g. contact information for clients; numbers of clients served).

To measure our collective impact, home visiting programs should aim to collect and report statewide performance measures in at least one or more of following five domains:

- Referrals made for tobacco cessation.
- Caregiver depression: screening and referral to mental health services.
- Well-child medical visits following a schedule recommended by American Academy of Pediatrics *Bright Futures*.
- Developmental screening using standard screening tool, following a schedule recommended by American Academy of Pediatrics *Bright Futures*, with referrals made for further evaluation as indicated.
- Caregiver education, attainment of high school diploma or GED.

Detailed data collection processes for each performance measure are included in Appendix A.

State and/or Federally Funded Home Visiting Programs

Participation in data collection and evaluation is required for all home visiting programs receiving state or federal funding. This will also include data collection, tracking, and data reporting required as part of implementing an evidence-based home visiting model.
If a home visiting service or program receives state or federal funding for its provision of home visiting services, refer to and abide by the grant or contract and its data collection and reporting requirements and guidance as outlined in that document.

Home visiting data are used for multiple purposes:

- Demonstrating fidelity to evidence-based home visiting models (e.g., Maternal and Early Childhood Home Visiting (MECSH); Parents as Teachers (PAT) annual Affiliate Performance Report)
- Meeting state or federal grant/contract reporting requirements of funding agencies

- Continuous quality improvement
- Internal program administration (e.g., contact information for clients; numbers served).
- Statewide performance measures developed by the Vermont Home Visiting Alliance.
- To measure the impact and quality of service

APPENDIX A: STATEWIDE PERMORMANCE MEASURES

Aim: Improved Maternal/Parental and Newborn Health	
Goal: Smoking Cessation	
Objective	Increase the percentage of people participating in a home visiting program who screened positive for smoking or tobacco use and referred to services within 3 months of enrollment.
Operational definition	*Type of Measure*: Process
	Population: Primary caregivers participating in a home visiting program at the time of enrollment.
	Numerator: Number of primary caregivers who reported using cigarettes or other tobacco products at enrollment who were referred to services within 3 months of enrollment.
	Denominator: Number of caregivers participating in the program who screened positive for smoking or tobacco use at the time of enrollment.
Definition of improvement	Increase the percentage of people participating in the home visiting program screened positive for smoking or tobacco use and who were referred to services within 3 months of enrollment.
Data source	Program data based on client's self-reported smoking behavior.
Measurement tool	Client's response to question(s) administered by home visitor: Do you use any tobacco products such as cigarettes, cigars, bidis, Juuls, chew, sniff, vapes, gum, or cigarillos* Yes (ask additional questions @ use per your program's practice) No *Question from Fagerstrom Test for Nicotine Dependence
Data Collection & Analysis Plan	*Person(s) responsible*: Home visitor.
	Sample: 100% of caregivers participating in the home visiting program.
	Schedule: Data collected at intake used to calculate outcome measure. Client also screened at childbirth, child aged 12 months, and exit
Comments	Clients who currently smoke or use tobacco would be encouraged by the home visitor to participate in a smoking cessation program such as 802Quits, and those who are former smokers would be encouraged to continue to be tobacco free.

Aim: Improved Maternal and Newborn Health	
Goal: Maternal Depression	
Objective	Ensure that people participating in a home visiting program who are at risk for depression receive a referral to mental health services within three months of enrollment for evaluation and treatment, as needed.
Operational definition	*Type of Measure*: Process
	Population: Caregivers participating in a home visiting program who are screened in the first three months of enrollment (for prenatal) or three months after delivery (postnatal) using a validated screening tool that indicates a need for referral to mental health services.
	Numerator: Number of caregivers participating in the program who receive a depression screen that indicates a need for referral to mental health services, who subsequently received a referral.
	Denominator: Number of women participating in the program who are screened for depression using a validated screening tool within three months that indicates a need for referral to mental health services.
Definition of improvement	Increase in the percentage of women participating in the home visiting program who receive a needed referral.
Data source	Program data based on self-administered client screening tool.
Measurement tool	Validated depression screening tool: • Patient Health Questionnaire 9 (PHQ-9) • Edinburgh Postnatal Depression Scale (EPDS)
Data Collection & Analysis Plan	*Person(s) responsible*: Home visitor.
	Sample: 100% of caregivers participating the home visiting program.
	Schedule: Data collected at intake and periodically thereafter.
Comments	EPDS and PHQ-9 are screening tools, not diagnostic tools. A client who screens ≥ 10 points on the EPDS or ≥ 10 points on the PHQ-9 is self-reporting symptoms of depression that should be evaluated by a qualified health professional. Symptoms of depression that do not meet these thresholds, but which persist over a long period of time, or which impact daily activities, may also justify a referral. Any indication from a client that she has thoughts of self-harm should trigger an urgent referral, regardless of the client's screening score, and home visitors should follow their agency's policy for suicide prevention.

Aim: School Readiness and Child Development	
Goal: Developmental Screening (part A): Screening	
Objective	Ensure that infants and children participating in a home visiting program receive developmental screening using Ages and Stages Questionnaire tool (ASQ).
Operational definition	*Type of Measure*: Process
	Population: Infants and children participating in a home visiting program.
	Numerator: Number of children participating in the program who received at least one age-appropriate developmental screening using ASQ during the past 12 months.
	Denominator: Number of children who participated in the program during reporting period.
Definition of improvement	Increase in the percentage of infants and children participating in the program who are screened annually for developmental delay.
Data source	Program data.
Measurement tools	The Ages and Stages Questionnaire (ASQ-3) is the standard screening tool for developmental delay, and the companion ASQ: Social-Emotional screening tool is used for assessing social and emotional development. .
Data Collection & Analysis Plan	*Person(s) responsible*: Home visitor.
	Sample: 100% of infants and children participating the home visiting program.
	Schedule: Data collected annually. *
Comments	*The timing of ASQ screening for developmental delay follows individual model protocols, but at a minimum screening should occur at 9 months and at 18 months. The minimum schedule may be augmented by additional screens if concerns arise at other times about an individual child's development.

Aim: School Readiness and Child Development	
Goal: Developmental Screening (part B): Referral	
Objective	Ensure that all infants and children participating in a home visiting program who have a developmental screening result that indicates a need for referral, receive an appropriate follow-up referral.
Operational definition	*Type of Measure*: Process
	Population: Infants and children participating in a home visiting program who receives an ASQ screen that indicates need for referral.
	Numerator: Number of children participating in the program receiving an ASQ developmental screen that indicated need for a referral, who were referred for evaluation and follow-up intervention, as appropriate.
	Denominator: Number of children participating in the program who received a developmental screen that indicated need for a referral.
Definition of improvement	Increase in the percentage of infants and children participating in the program whose ASQ screening results indicated a referral was needed, who subsequently received an appropriate referral.
Data source	Program data.
Measurement tools	The Ages and Stages Questionnaire (ASQ-3) is the standard screening tool for developmental delay, and the companion ASQ: Social-Emotional screening tool is used for assessing social and emotional development.
Data Collection & Analysis Plan	*Person(s) responsible*: Home visitor.
	Sample: 100% of children participating in the home visiting program who have reached age nine months or more.
	Schedule: Data collected at age 9 months, 18 months and 30 months. *
Comments	*At a minimum, the timing of ASQ screens should follow the schedule recommended in AAP *Bright Futures* guidelines, although this schedule could be augmented by additional screens if concerns arise at other times about an individual child's development.

Aim: Family Economic Self-sufficiency and Stability	
Goal: Primary Caregiver Education	
Objective	Promote economic self-sufficiency and stability in families of clients participating in a home visiting program through improved educational attainment.
Operational definition	Type of Measure: Outcome
	Population: People participating in the home visiting program who do not have a high school diploma or GED at intake.
	Numerator: Number of people who enter the program without a high school diploma or GED who are either still enrolled in school or a GED program or who have successfully completed high school or GED requirements when exiting the program.
	Denominator: Number of people who enter the program without a high school diploma or GED.
Definition of improvement	Increase in the percentage of women who enter the program without a high school diploma or GED who are either still enrolled in school or a GED program or who successfully complete high school or GED requirements before exiting the program.
Data source	Program data based on client self-report.
Measurement tools	Client's response to question administered by home visitor: What is the highest grade or year of school you completed? Education: • Enrolled in middle school • Enrolled in high school • Enrolled in GED • High school eligible – not enrolled • Adult – less than high school • High school diploma • GED • Some college or technical training • Associate degree/certificate • Bachelor's degree or higher • Unknown/declined
Data Collection & Analysis Plan	Person(s) responsible: Home visitor.
	Sample: 100% of women participating the home visiting program.
	Schedule: Data collected at client intake, annually, and again exit from the program.
Comments	Educational attainment is strongly associated with social and economic wellbeing. In addition, individuals with low educational attainment are at higher risk of experiencing poor health outcomes, including increased morbidity rates for a number of chronic health conditions and reduced life expectancy (Education and Health, National Poverty Center Policy Brief #9. 2007. University of Michigan Gerald R. Ford School of Public Policy). http://www.npc.umich.edu/publications/policy_briefs/brief9/

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