



**State Board
Local Partnership Program and Grants Committee Meeting**

January 20, 2022

Zoom Webinar

11:30am- 1:00pm

Agenda

1. Welcome

Updates

2. **Chief Partnership Officer Update** – Derek Cromwell

Update of Legislative Delegation appointments to local Boards

- Over the next few weeks Georgia and Kaitlyn Richard, SCFS new Government Affairs Liaison will be making contact with each of the Legislative local delegation members to:
 - Introduce Kaitlyn in her new role at SCFS
 - Distribute packets to each member which will include a copy of their local partnership annual report and a letter.
 - The letter has two main purposes:
 - To share information and highlights about SCFS and the local partnerships; and
 - To request that their delegation appoint members to the local partnership boards.
 - Within the letter, we clearly outline the process for appointing members and remind the legislators of both the criteria for members and the significant community value of these boards.
 - We are asking for these appointments to be made during the first quarter of 2022 and requesting that they notify the Executive Directors once an appointment has been made.
- For the local partnerships whose boards already have 4 appointed members, we will still be making contact with the delegation members and providing them the local Annual Report. There just won't be any action requested.

3. **Corrective Action Updates** - Mark Barnes

- Abbeville and Greenwood Counties



4. Approve Program Standards (Action Item)

- Strengthening Families Program (SFP)– New evidenced-based standard requiring approval.
 - Strengthening Families Program is a 14-session parent training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance.

***Motion: The Local Partnership Program and Grants Committee approves the addition of standards for the evidence-based program Strengthening Families Program (SFP) to the FY22 Partnership and Program Accountability Standards** (see attached SFP Standards).

5. Next Meeting March 17, 2022
11:30am- 1pm

FIRST STEPS PROGRAM ACCOUNTABILITY STANDARDS

Strengthening Families 0-5 (220)

REQUIREMENTS FOR FY22:

SCFSBOT Designation: Evidence-Based

The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk families. It is a 14-session parent training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance.

Partnerships funding this strategy must adhere to national model guidelines.

TARGETING:

Targeting Clients At-Risk Of Early School Failure

At least 60% of home visitation clients shall be identified on the basis of two (2) or more of the readiness risk factors below (with 100% of client families possessing at least one risk factor at the time of enrollment):

- A preschool-aged child has been abused
- A preschool-aged child has been neglected
- A preschool-aged child has been placed in foster care
- Eligibility for the Supplemental Nutrition Assistance Program (SNAP, e.g. Food Stamps) or Free School Lunches (130% of federal poverty level or below – with first priority given to TANF-eligible clients whose annual family income levels fall at 50% of federal poverty level or below)
- Eligibility for services under the Individuals with Disabilities Education Act, Parts B (Preschool Special Education, ages 3-5) or C (BabyNet, ages 0-3)
- A preschool aged child with a developmental delay as documented by a physician or standardized assessment (not screening tool)
- Teenage mother/primary caregiver at or under the age of 20 (at the time of the focus child's birth)
- Low maternal/primary caregiver education (less than high school graduation at the time of focus child's birth)
- A preschool-aged child has been exposed to the substance abuse of a caregiver
- A preschool-aged child has been exposed to parental/caregiver depression
- A preschool-aged child has been exposed to parental/caregiver mental illness
- A preschool-aged child has been exposed to parental/caregiver intellectual disability
- A preschool-aged child has been exposed to domestic violence within the home
- Low birth weight (under 5.5 lbs.) in association with serious medical complications.
- English is not the primary language spoken in the home.
- Single parent household and has need of other services
- Transient/numerous family relocations and/or homeless
- Incarcerated Parent(s) (parent(s) is incarcerated in federal or state prison or local jail or was released from incarceration within the past year)
- Death in the Immediate Family (death of a parent/caregiver or sibling)
- Military Deployment (Parent/guardian is currently deployed or is within 2 years of returning from a deployment as an active duty member of the armed forces. Deployment is defined as any current or past event or activity that relates to duty in the armed forces that involves an operation, location, command or duty that is different from his/her normal duty assignment.)
- Recent Immigrant or Refugee Family - One or both parents are foreign-born and entered the country within the past 5 years

The following condition, while not considered part of SC First Steps' targeting criteria, is an additional characteristic that can put children at potentially higher risk for early school failure.

Additional high-risk characteristic tracked by First Steps-funded programs:

- Child was removed for behavioral reasons from one or more child care, Head Start or preschool setting.

Targeting By Age (Early Intervention)

100% of newly enrolled client households must contain one or more children between the ages of 0 and 5. Partnerships may not enroll children 6 and over.

Client Retention

It is critical that client families remain in the program long enough to benefit from the planned intervention. Each partnership will be required to demonstrate its successful, long-term retention of 75% of its clients across their pre-determined program duration.

Program duration:

- Infant and Toddler, SFP Birth – 3, 14 sessions
- Pre-school children, SFP 3 – 5 years, 14 sessions

SERVICE DELIVERY:

Model Fidelity

In order to ensure the delivery of high-quality services and the validity of agency-wide evaluation efforts, vendors shall ensure that each First Steps-funded parenting/family strengthening strategy is implemented with fidelity to its published, research-based model. "Fidelity" is defined as complying with model specifications relating to:

Group Intensity and Delivery:

- **Programs shall offer group-based once a week. Groups last 2.5 hours each week includes dinner together, parent class & children's class, and family time to close the session. The duration of services will span over 14 weeks. Retrospective pre assessment is given at session 4, post assessment is given at session 13. Last session is designated to graduation.**
- Program curriculum includes:
 - a) Children's sessions – Children's sessions are built around developmental activities that foster positive parent-child interactions and other approaches to learning as specified by SFP curriculum.
 - b) Parenting sessions – Parenting sessions provide detailed training in child growth, healthy development, and positive interactions with children.
 - c) Family sessions – Family sessions incorporate experiential exercises that allow parents and children to practice what they learned in either their parenting or children's sessions.
- Staffing structure: 2 group leaders to facilitate parenting groups, two group leaders for children's group, and 1 program coordinator

Screenings and Referrals:

- **Each client child shall be assessed using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2, in week 4 of 14 week curriculum.** In the event that a developmental screening (conducted in association with any First Steps-funded program) indicates a possible developmental delay, the vendor shall collaborate with parents/guardians to seek the consensual provision of these results to: (a) the child's pediatric care provider, and (b) either BabyNet (ages 0-3) or the child's zoned school district and Disabilities and Special Needs Board (ages 3-5) for additional diagnostic evaluation. Vendors shall maintain (within the First Steps Data Collection System) referral records to include information on the outcome/disposition of each First Steps-initiated referral. In addition, the Vendor will recommend activities to assist with the areas of possible concern, continue monitoring the child's development.
- **If a child scores in the monitoring range on ASQ3 and/or ASQ:SE2** in two or more categories and/or if there is a parental concern on the screening questionnaire, the vendor will recommend activities to assist with the areas of possible concern, continue monitoring the child's development.
- Strengthening Family vendors must screen at least 80% of eligible clients in the ASQ3 and ASQ:SE2.
- Partnerships and their funded vendors shall ensure active collaboration with other parenting and family support services in their communities, refer families to services as necessary, and follow up as feasible to ensure that appropriate connections have been established. 60% of families that receive at least one personal visit shall be connected to at least one community resource in the program year. Active and sustained efforts to connect client families to pediatric medical homes shall be a priority.

Integrated Serve Delivery and Referral:

- SPF group leaders must complete Participant Progress forms following each session.
- Partnerships shall utilize formal or informal need assessments to refer/link families to additional interventions as necessary and beneficial. All referrals to other services shall be entered into the First Steps Data System.

Staff Qualifications and Training:

- Each SPF group leader shall attend a two-to-three-day training covering the following topics: underlying theoretical concepts, program mechanics, recruitment and retention of families, overview of the curriculum, facilitation groups, ethical situations, and role plays. In addition, each group leader shall be trained to lead both parenting and children's sessions. Training is provided by HH Training & Consulting, LLC.

Ongoing Program Quality Improvement and Professional Development

- Supervisors hold a weekly staff meeting with program staff to provide reflective supervision and weekly individualized reflective supervision meetings to review client recruitment and retention, guideline compliance, and programmatic data reviews.

ASSESSMENT

- **For parent** Retrospective pre assessment is given at session 4, post assessment is given at session 13.
- **For child** Each birth to 3 shall be rescreen using the age-appropriate developmental screening tools Ages & Stages 3 and Ages and Stages SE2, at the end of session 14.

DATA SUBMISSION:

- **Data Collection** The following data must be collected within the First Steps Data Collection System (FSDC): parent/child client demographic data, group sessions, program referrals, connections to services, developmental screenings, pre/post-assessments, and risk factors
- **Monitoring** Local First Steps Partnerships shall monitor progress of each provider and ensure model fidelity with: Cases Visit Summary and Projected to Served, Group Session Detail, Group Meetings Section – Case Data Entry Screen, Connection Detail, ASQ, Assessment Program Records, and Risk Factors Reports.
- *Unit of service = 1 family*