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A report from the Minnesota Department of Health

Children Helped in Long-Term Development

CHILD Project Implementation Plan

Report to the Minnesota Legislature

February 15, 1997
Minnesota Department of Health
Division of Family Health



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Pursuant to 1996 Minn. Laws Chap. 451
Art. 4 Sec. 66

Children Helped in Long-Term Development

CHILD Project Implementation Plan

February 15, 1997

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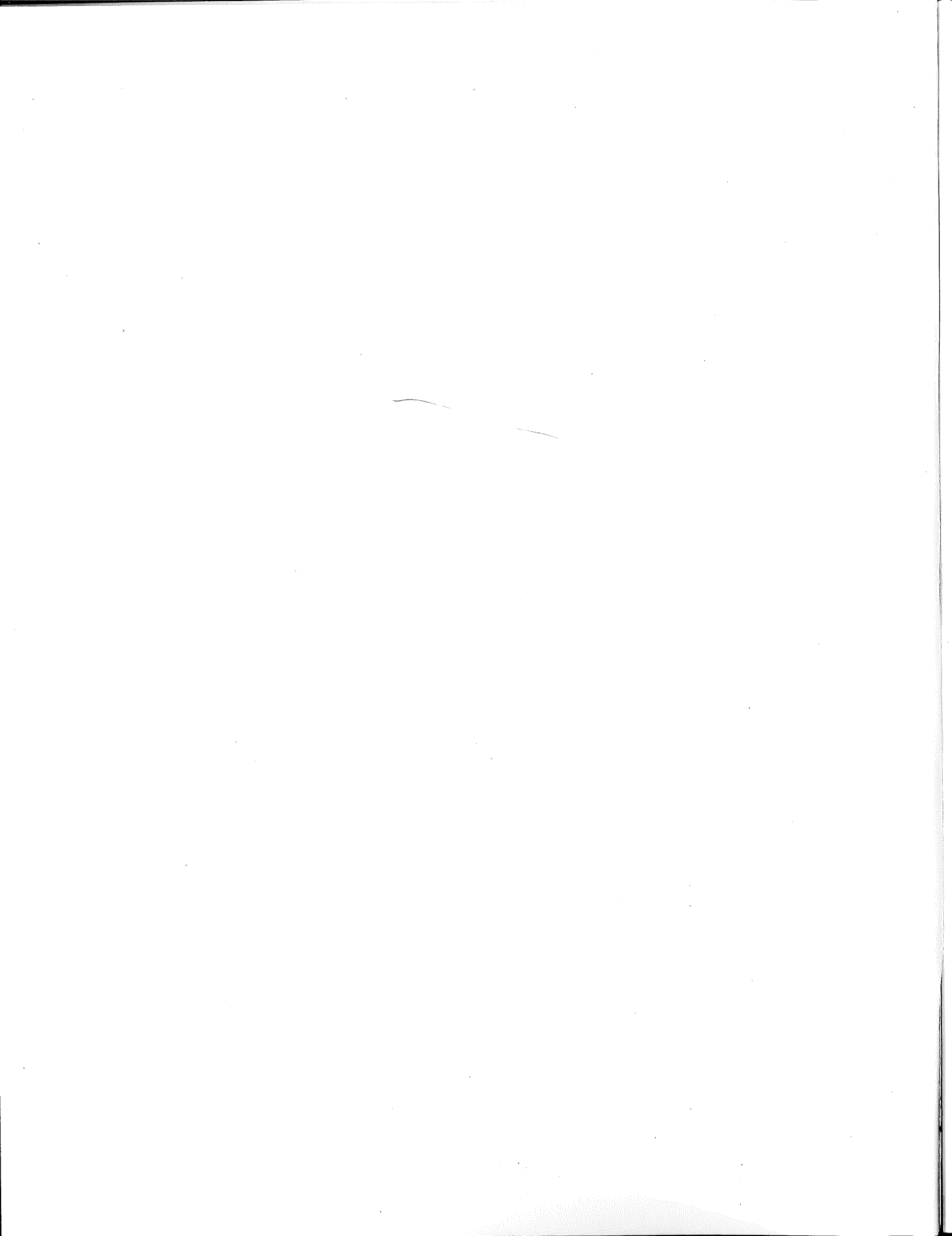
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EXECUTIVE SUMMARY

The 1996 Minnesota Legislature charged the Minnesota Department of Health with developing "an implementation plan for a statewide volunteer parent mentor program that the Commissioner of Health shall plan to be implemented by the Commissioner or the Commissioner's designee."

The implementation plan must incorporate the statutory requirements for program structure and standards, duties of participating local organizations, training and recruitment of volunteers, and eligibility. The implementation plan must also recommend which state agency is the most appropriate to house the CHILD (Children Helped in Long-term Development) Program.

Summarized below are the statutory requirements and the recommendations of the implementation plan that amplify or suggest alternatives to the statutory requirements. A discussion of the context for the development of the CHILD Program as well as a detailed discussion of the statutory requirements can be found in the narrative portion of this implementation plan.

<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
Program Structure	<ol style="list-style-type: none">1. The state agency is to contract with appropriate private nonprofit and governmental organizations to administer the CHILD Program at the local level.2. Local organizations are to be responsible for recruiting, screening, training, and overseeing volunteers for the program.3. Volunteers are to be matched with a family to provide on-going support in parenting.4. Volunteers are to provide the family with support	<ul style="list-style-type: none">• Funding is needed at the state level for two full-time staff to provide program coordination, grants management, technical assistance, evaluation, and administration.• Funding is also needed at the state level for an evaluation contract and contracts with experienced local staff to provide training and resource materials to new local organizations.• A long-term, stable, legislatively funded grant program is proposed, and should be administered under state grant contract procedures.• The local program should be attached to an existing collaborative or program structure, rather than creating a new initiative.• Applications should include an assessment of the community's circumstances and existing services for families.

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Program Structure)	and guidance on raising the child, coping with stresses that may increase the risk of abuse, and obtaining needed services from other social services programs.	<ul style="list-style-type: none"> • Administration of the grants should be kept as simple as possible. • At least 10 percent of the funding request should be designated for evaluation. • Funding for training should be incorporated into both state and local program budgets. • A local match of financial and in-kind resources of 25 percent of the total budget should be required. • Health plans and health care providers should be encouraged to provide financial support to the program.
Program Standards	<ol style="list-style-type: none"> 1. Families are to be encouraged to participate in the CHILD Program. 2. Families are to be identified and matched with volunteers before or shortly after a child is born. 3. The program is to be coordinated across state agencies. 4. Local organizations are to coordinate with local social service and health agencies. 5. Services are to be community-based. 6. Special needs of minority communities are to be addressed. 	<ul style="list-style-type: none"> • Outreach strategies should include posters and brochures available in such places as current social service delivery systems, community sites such as grocery stores, health care providers, and hospital maternity wards. Door-to-door outreach should also be considered. • Public birth record information should be used to verify that all families with newborns have been identified. • The program should be built upon existing systems, programs, and resources. • The current systems in Minnesota with which the program should be coordinated include, but are not limited to, the Family Services Collaboratives, Child Abuse Prevention Councils, Community Action Programs' Child Development programs, public health nursing home visiting programs, early childhood family education programs, Children's Mental Health Collaboratives, Local Coordinating Councils, Interagency Early Identification Committees, and Head Start programs.

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Program Standards)	<ol style="list-style-type: none"> 7. Systems are to be created to gather data on participating families and monitor and evaluate their progress. 8. The program's effectiveness is to be evaluated. 	<ul style="list-style-type: none"> • In their funding applications, local organizations should address and describe their relationships with existing entities in their communities. • Local organizations should create a local parent advisory council to oversee development and implementation of the program. The council should include a representative mix of families in the community, including communities of color, and their guidance and recommendations should be reflected in the way the program is developed. • Volunteer recruitment strategies should address the need for multi-cultural volunteers. • The system to gather data on participating families should protect their privacy. • Evaluation should address the extent to which program implementation is successful; changes in client families' knowledge, attitudes, and behaviors; and volunteer and client families' subjective assessments of the program and the mentoring relationship. • The state and community level participant advisory committees should be involved in the evaluation effort.
Duties of Local Organizations	<ol style="list-style-type: none"> 1. Volunteers are to be recruited and trained. 2. Volunteers are to be provided with on-going supervision and consultation. 3. Resource and referral booklets are to be devel- 	<ul style="list-style-type: none"> • Program components for local organizations should include: a local fiscal agent; a parent advisory council; a designated program coordinator; a clear description of the role and responsibilities of volunteer parent mentors; mechanisms for parent outreach and volunteer recruiting; procedures for evaluating the program; referral resources, relationships, protocols,

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Duties of Local Organizations)	oped and distributed to participating families.	<p>and follow-up procedures; and community matching funds.</p> <ul style="list-style-type: none"> • Local service providers involved in the program should have a strong commitment to the value, roles, and responsibilities of volunteers. • Volunteers should be recruited through existing volunteer recruitment channels, such as churches and civic organizations, and from past program participants. A recruitment brochure should be developed. • The volunteer parent mentor's role should be clearly stated for both the volunteer and the family. • The potential length of the mentor relationship should be based on family needs and volunteer interest, skills, and availability. • Guidelines for professional contact with the family should be developed. • Instead of a requirement to develop resource and referral booklets, local organizations should be required to assist parents to acquire the skills necessary to locate and use information already available from other sources.
Training and Recruitment of Volunteers	<ol style="list-style-type: none"> 1. Local organizations are to carefully screen and train volunteers. 2. Local organizations are to provide on-going support, supervision, and training for all volunteers. 3. Training is to be culturally-appropriate and 	<ul style="list-style-type: none"> • Resources available from the Parent Aide Network should be used as the basis for recruitment, screening, and training. • Local organizations should recruit families as well as individuals to be mentors, and should recruit both male and female mentors. • Background checks through the Bureau of Criminal Apprehension should be made for all potential volunteers. Persons with a criminal record should be rejected.

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Training and Recruitment of Volunteers)	community-based. 4. Training is to incorporate input from parents who will be using the program's services. 5. Local organizations are to recruit minority volunteers to serve communities of color.	<ul style="list-style-type: none">• Personal recommendations for potential volunteers should be required, and in-person interviews should be conducted with applicants in their own homes.• In addition to the statutorily-required training elements, training should include: skills and information to assure contact and outreach are conducted in culturally-sensitive ways and according to Minnesota's family support principles; skills and information on working with children and parents with special physical and mental health needs; information on other community resources for referrals; identification of risk factors for child neglect; skills to assist in families' access to needed resources and services; and skills for providing encouragement and support.• Supervision of mentors should include: ongoing, frequent, regular contact with the volunteers via a mix of telephone conversations and messages; review of mentors' written or dictated summaries of family visits; and regular, frequent group meetings of the corps of volunteers.• Mentor support meetings should occur at least bimonthly and include in-service training presentations and skill-building opportunities, as well as discussion of the mentors' experiences and needs in providing mentoring services to their client families.• Training and support of volunteers should be on-going and should also include opportunities for communication with other members of the collaboration of providers working with families and children in the community.

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Training and Recruitment of Volunteers)		<ul style="list-style-type: none"> • Information on the practices and beliefs of the families served by the program should be incorporated into all aspects of the program. Skills for working with families of all cultures should be included in volunteer screening and training.
Eligibility	<ol style="list-style-type: none"> 1. All residents of Minnesota are to be eligible for program services. 2. A sliding fee scale is to be developed for the program. 	<ul style="list-style-type: none"> • The program should not be targeted to families at risk, but should be available to all parents. Any parent requesting a volunteer parent mentor should be able to participate in the program. • Risk criteria for varying levels of need should be developed in order to match parents with mentors possessing the appropriate and necessary skills. • No parent should be denied access to a volunteer parent mentor, where available, based on income, age, race, marital status, special health or mental needs, spiritual beliefs, or other discriminatory factors. • Instead of a sliding fee scale, sufficient state and local funds should be secured to support the program in full.
Executive Agency	A recommendation is to be made about which executive agency is most appropriate to house the program.	<ul style="list-style-type: none"> • The program should be located at the Minnesota Department of Children, Families, and Learning, among the early childhood programs cluster. • The program should be governed by an inter-agency steering committee comprised of representatives of the Minnesota Department of Health, the Minnesota Department of Human Services, and other Minnesota Department of Children, Families, and Learning programs. • The Inter-agency Steering Committee should work with the state staff under a

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<u>Plan Component</u>	<u>Statutory Requirements</u>	<u>Additional Recommendations</u>
(Executive Agency)		matrix management model to assure coordination with other related programs and provision of all aspects of the program across disciplines and relevant state and local agencies.

The recommended next steps for the CHILD Program are as follows:

1. Secure legislative funding. The annual costs for the initial phase of the program are estimated to be:

State agency costs	\$150,000
Evaluation contract	75,000
10 grants at \$60,000 each	<u>600,000</u>
Total	\$825,000

2. Convene the inter-agency steering committee.
3. Develop the evaluation component request for proposals.
4. Work with the inter-agency steering committee to develop grant application materials.
5. Develop resource files to provide information on culturally-specific perspectives on pregnancy, childbirth, parenting and parent/child interaction, nurturing, child growth and development, interpretations of child abuse, mentoring, volunteer services, family traditions, etc.
6. Develop resource files to provide information regarding working with adolescent parents, parents of children with special physical and mental health needs, and parents with special health needs.
7. Work with the inter-agency steering committee to conduct focus groups of parents to reflect on and revise this implementation plan, as needed.
8. Work with the inter-agency steering committee, evaluation contractor, and parent and community representatives to develop specific state and local program outcomes to measure the effectiveness of the CHILD program over time.
9. Bring together an inter-disciplinary advisory group to identify discipline-specific parameters, boundaries, and roles in working with families and children to identify gaps, duplication, and opportunities for collaboration.

INTRODUCTION

This report presents the implementation plan for the CHILD Program (Children Helped in Long-term Development), a volunteer parent mentor program created by the 1996 Minnesota Legislature to ensure the statewide availability of volunteer parent mentors for all families. (Minnesota Statutes 145.951-145.957 and Laws of Minnesota 1996, Chapter 451, Article 4, Section 66 are attached as Appendix A.)

The report is divided into four major sections. The first section explains the legislative activity that prompted the development of the report, and the second section provides a context for development of the CHILD Program in Minnesota. The legislative requirements and implementation recommendations for volunteer mentor parents are addressed in the third section, and those for state and local administration in the fourth.

The report closes by describing the next steps that would need to be taken to implement the CHILD Program in Minnesota.

In addition to meeting the legislative requirements identified throughout the plan, development of this report provided the opportunity to bring together in one place the variety of resources available in Minnesota to implement, expand, and connect with experienced volunteer parent mentor programs.

The process used to develop this report included over forty informational interviews by Minnesota Department of Health staff with

representatives of state and local agencies and programs involved in providing services to children and their families. In addition, staff reviewed the literature provided or recommended by those contacts, extracting a wealth of information and resources. Many of the individuals interviewed suggested additional individuals to contact across the state. In addition to providing information and insights on the development of this project, those individuals contacted were asked to participate in reviewing and commenting on the final draft outline emerging from the interviews and review of literature. (A list of the names of the people who participated in developing the report is attached as Appendix B.)

Many of those contacted also provided resources useful to development of this program at both the state and community levels. These resources are referenced in the report and are on file at the Minnesota Department of Health, Division of Family Health.

LEGISLATIVE BACKGROUND

The 1996 Minnesota Legislature charged the Minnesota Department of Health with developing "an implementation plan for a statewide volunteer parent mentor program that the Commissioner of Health shall plan to be implemented by the Commissioner or the Commissioner's designee." The plan is to include recommendations about which executive branch agency is the most appropriate one within which to house the CHILD project in the future, and must include the program structures and standards identified in the law.

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In this report, references to the commissioner means the commissioner of the agency that will house any future CHILD Program activities.

The purpose of this volunteer parent mentor program is "to strengthen families, reduce risk of abuse to children, and promote long-term development of children in their home environments."

By law, this report of the implementation plan is due to the Minnesota Legislature on February 15, 1997, and was to be developed by the Minnesota Department of Health in consultation with the following agencies: Minnesota Planning; the Minnesota Councils and Commissions of Color; the Council on Disabilities; and the Minnesota Departments of Human Services, Public Safety, Corrections, and Children, Families, and Learning.

CONTEXT FOR THE DEVELOPMENT OF THE CHILD PROGRAM

In order to be effective, the CHILD Program must be built upon existing systems, programs, and resources. There are a number of volunteer parent mentor programs already meeting the needs of many Minnesota families, and the prevention of child abuse has been a focus of many programs in the state for a long time. The CHILD Program offers a promising strategy to improve the well-being of Minnesota's children, but must be integrated into the environment of existing activities.

Existing Systems

The current systems in Minnesota into which this program concept should be incorporated include the Family Services Collaboratives, Child Abuse Prevention Councils, Community Action Programs' Child Development programs, public health nursing home visiting programs, early childhood family education programs, Children's Mental Health Collaboratives, Local Coordinating Councils, Inter-agency Early Identification Committees, Head Start programs, and social services programs, among others.

Essential to a volunteer parent mentor program are the collaboration, coordination, cooperation, and communication among the various providers of services to a community's families. Interdisciplinary teams to accomplish these are essential to establishing this program. Recommendations for implementation of this program strongly emphasize attaching the volunteer parent mentor program to an existing, successful collaborative or program structure, rather than creating a new initiative.

In Minnesota, in particular through the Family Services Collaboratives and the Home Visiting Program, there is a movement toward assuring that every family with a new baby receives a home visit. Establishment of a CHILD program in a community must be connected to this activity where it exists, offering all families the availability of a supportive volunteer parent mentor, if desired.

In their funding applications, programs established under this statute should address and describe their relationships with these existing

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entities in their communities in order to assure the program fulfills the community-based requirement in M.S. 145.954, item (5).

Recent and Current Volunteer Parent Mentor Programs and Other Resources

Parent mentor programs that have been developed and tested in Minnesota include the Parent Outreach Project: Befriender Program, Minnesota's Volunteer Parent Aide programs generally available through county social services, Exchange Clubs, the Children's Home Society of Minnesota's Befriender program, the Marshall Area Families Project, and Early Childhood Family Education Parent-to-Parent Home Visit Programs, among others. Way to Grow, Success by Six, MELD, Head Start, and school-based parenting programs also have extensive experience in parenting support and should be included in planning for the CHILD Program in communities where they are available.

The National Parent Aide Network, based in Toledo, Ohio, provides parent aide program resources including the standards for program development, staffing, and supervision attached as Appendix C.

Additional resource information, samples, and models from Minnesota programs' experiences are available from the Minnesota Department of Health, Division of Family Health.

Child Abuse and its Prevention

In developing this implementation plan for the CHILD Program, Minnesota Department of Health staff identified a number of contextual

issues, elements, and resources related to volunteer parent mentors, their role in the prevention of child abuse and neglect, and implementation of the program in Minnesota. Awareness and understanding of these elements, issues, and resources, especially as they relate to the statutory program development requirements, is essential to incorporating this program into Minnesota's rich array of programs and services available to families and children.

1. Child abuse definition

For purposes of developing this program, child abuse is described in the CHILD Program statute in M.S. 145.952 as: physical abuse, sexual abuse, neglect, mental injury, and threatened injury, as those terms are defined under M.S. 626.556.

2. Family risk factors for abuse

Family risk factors for potential abuse and neglect include but are not limited to those stated in the Minnesota Home Visiting Program statute (M.S. 145A.15): adolescent parent; family history of alcohol or other drug abuse; history of child abuse, domestic abuse, or other types of violence in the family of origin; a history of domestic abuse, rape or other forms of victimization; reduced cognitive functioning; a lack of knowledge of child growth and development stages; low resiliency to environmental stresses; or lack of sufficient financial resources to meet needs. Special mental or physical health needs of children or their parents may also be risk factors in some families.

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3. Child abuse and neglect prevention

The prevention of child abuse and neglect occurs at three levels: primary (the promotion of positive parenting with the whole community and all parents is the goal), secondary (in those families where risk factors have been identified but harm has not yet occurred; prevention of harm is the goal), and tertiary (in families in which harm has occurred; the prevention of further harm is the goal). (From Minnesota's Children's Trust Fund Statute, M.S. 299A.20-299A.27.) The volunteer parent mentor program addressed in this plan focuses on primary and secondary prevention.

It is important to understand in working with families that different cultures view and interpret abuse differently. Certain traditional practices of one culture may be seen as abusive in another. It is essential that information on the practices and beliefs of the families served by this program be incorporated into all aspects of the program, particularly the training component. It is also essential that skills for working with families of all cultures be included in volunteer screening and training so that volunteer parent mentors will have the ability to learn about and work appropriately with each of the families they meet.

4. Prevention strategies

The prevention of child abuse and neglect and promotion of healthy parenting requires a variety of community-based and family-centered, culturally-appropriate strategies and services, including but not limited to parent mentoring and family support provided via home visits and other contacts.

Home visiting and clinic- or office-based services of discipline-specific professionals working collaboratively with each other; the public information activities supported by Children's Trust Fund; parent education such as Early Childhood Family Education; parent support groups such as Parents Anonymous and the Family Support Network; family support, family preservation, and parent aide services of social services; and other community education programs fill out the rest of the continuum.

PROGRAM VOLUNTEERS

The CHILD Program statute (M.S. 145.953, subd. 1) requires the participating local organizations, in collaboration and coordination with the state executive branch agency housing the program, to be responsible for recruiting, screening, training, and overseeing volunteers for the program. In M.S. 145.955, the statute again requires local organizations to recruit and train volunteers, and to provide ongoing supervision and consultation.

M.S. 145.953, subd. 2 defines the volunteer parent mentor role by stating that:

- * A volunteer must be matched with a family to provide ongoing support in parenting.
- * A volunteer must provide the family with information on the CHILD Program and other social services available.
- * Through home visits and frequent contact, the volunteer must provide support and

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guidance on raising the child and coping with the stresses that may increase risk for abuse.

- * The volunteer must assist the family in obtaining other needed services from existing social services programs.

M.S. 145.956, subd. 2, requires local organizations to recruit minority volunteers to serve communities of color.

Volunteers can play a special role for families in nurturing their children. Volunteers are often seen as separate from a system that is in a family's life for purpose of providing intervention or treatment services. Volunteers can develop friendly relationships with the families with whom they meet, and are often seen as non-threatening and supportive.

It is essential that the community service providers collaborating to provide volunteer parent mentor services have and demonstrate a commitment to the value, roles, and responsibilities of volunteers in relationship to their own work with families.

In order to best meet the needs of participating parents, some programs provide volunteer mentor families, rather than single volunteers. Other programs encourage the recruiting of both male and female volunteers, so that both parents in a family can choose a male or female mentor, if they prefer.

It is important to recognize in developing this program the special challenges to volunteer recruitment presented by our current society in which fewer people are available to communi-

ties as volunteers. In many families, all of the adults are employed at least part-time. In some families, the adults may work more than one job. In older families, when retirement age is reached by one spouse, often both spouses choose to retire and travel or move to a retirement community.

Local organizations must take these challenges into consideration when developing budgets and allocating staff time for volunteer recruitment. Recruiting volunteers takes more time now than in the past.

Parent Mentors

Parent mentors, often called befrienders or parent aides, can be paid staff or volunteers, although it is important to note that responsibilities and accountability are often greater for paid staff. This report addresses only volunteer mentors.

Mentor roles and responsibilities in working with individual families can include teaching parenting skills, providing information on child growth and development and on healthy discipline practices, teaching life skills for family household management, role modeling positive parenting practices and ways to have fun with the children, serving as liaisons to community resources, supporting parents' empowerment to seek and use needed services, and providing adult friendship and companionship to parents.

The frequency and intensity of the mentoring contact depend on the programs' stated role of the volunteer and on the needs of the family. The volunteer parent mentor's role should be determined by each program and should be

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clearly stated for both the volunteer and the parent, to assure that both understand it clearly.

The duration of the relationships as determined by recent and current Minnesota volunteer parent mentor programs ranges from six months to open-ended, with one year frequently the norm or program limit per match. In these instances, after the one-year commitment, volunteers and families each move on to other families and volunteers, often remaining in the program for a longer term than the initial relationship. Limits are placed on the term of the relationship in some programs to avoid development of dependent relationships. Other programs note the importance for many parents to be able to establish a long-term relationship with their mentor.

The recommendation of this report is for each program to determine the potential length of the relationship based on parent/family needs and volunteers' interest, skills, and availability.

Minnesota's Home Visiting Program targets parents with risk factors and is available to parents from the first trimester of pregnancy to the child's sixth birthday. This range can serve as a model for volunteer parent mentor programs as well.

Most volunteer parent mentor programs request an initial minimum commitment of six months from their volunteers. This allows time for trust to develop, especially in families who have low trust and who are unable to reciprocate in a relationship. A six-month evaluation and recommitment gives both the family and the volunteer the opportunity to continue or change the commitment.

It is essential that the professional services providers and mentors working with families establish criteria to determine their specific role boundaries among families' issues and needs. Guidelines for professional contact with the families, including clear expectations of all involved parties, must be developed.

Personal qualifications of volunteer parent mentors should include an interest in befriending/mentoring parents; personal warmth and caring; maturity; knowledge of or experience with child growth and development; a belief in promoting strengths rather than working from deficits, and empowering parents to self-sufficiency; and a commitment to participate in required training, supervision, mentor support meetings, weekly visits with parents, and program follow-up procedures. A drivers license, car, car insurance, and good driving record are required by most programs, although, especially in the interest of meeting families' needs for a mentor, and perhaps matching mentors with the families they serve, a mentor's ability to meet the transportation needs of the relationship may suffice. Programs must decide this individually.

Recent and current programs suggest recruiting volunteers through existing volunteer recruitment channels such church and civic organizations, and from past program participants. Recruitment brochures are useful in promoting the purposes and benefits of the volunteer opportunity.

Careful selection and screening of mentors, both for the safety of families and to match families' needs and interests with mentors' interests and skills, is critical.

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Recruitment procedures must include intake or application forms which require provision of information needed to conduct screening as required in M.S. 145.956, subd. 1. The Minnesota Bureau of Criminal Apprehension provides background checks for a fee, reporting on information in the Minnesota system. This procedure is recommended for all volunteers serving under this program. The absence of a criminal record is strongly recommended for this program, although some programs may accept a juvenile record or arrest for a non-assaultive offense.

Personal references are recommended by the current and recent programs. In addition to following up with these references, program staff recommend conducting in-person interviews with applicants in their own homes.

Examples of volunteer application forms, as well as other materials, used by current and recent Minnesota programs are on file at the Minnesota Department of Health, Division of Family Health.

Training Volunteer Parent Mentors

The CHILD Program statute in M.S. 145.956, subd. 1, requires that training under this program must be culturally-appropriate and community-based, and must incorporate input from the parents who will be using the programs' services. In addition, the training must prepare volunteers to:

- * Identify signs of abuse or other indications that a child may be at risk of abuse.

- * Help families to develop effective communication skills.
- * Teach and reinforce healthy discipline techniques.
- * Provide other support a family needs to cope with stresses that increase the risk of abuse.
- * Refer the family to other appropriate public health, education, and social services.

In addition to these requirements, training of volunteer parent mentors should include skills and information to assure contact and outreach are conducted in culturally-sensitive ways and according to Minnesota's family support principles (attached as Appendix D); information on other community resources for referrals; identification of risk factors for child neglect, to recognize when families may need additional resources or services; skills to assist in families' access to these resources and services; and skills for providing this encouragement and support.

In addition to the information above, volunteer parent mentor training should include a clear understanding of the mentors' role and responsibilities in working with families, mentoring skills, and strategies and skills mentors and parents can employ to reduce child abuse and neglect risks.

The elements of training required in the Home Visiting Program statute (M.S. 145A.15) provide more detail and can serve as guide to training mentors working with more high risk parents and families. These elements can help

form plans for volunteer parent mentor in service training. They include: the dynamics of child abuse and neglect, domestic and non-domestic violence, and victimization within family systems; how to properly report cases of child abuse and neglect; sensitivity and respect for diverse cultural practices in child-rearing and family systems, including but not limited to complex family relationships, safety, appropriate services, family preservation, family finances for self-sufficiency, and other special needs or circumstances; community resources, social services agencies, and family support activities and programs; healthy child development and growth; parenting skills; positive child discipline practices; identification of stress factors and stress reduction techniques; needs assessment measures; and caring for the special needs of newborns and mothers before and after the birth of an infant.

A consortium of home visiting service providers (the Minnesota Home Visitors Training Partnership) has developed a proposal to provide training on the essential core elements of home visiting on an ongoing and statewide basis. (See Appendix E.) Although not yet available, it is recommended that CHILD Program projects make use of this training when it is ready, as most of the topics coincide with those required for volunteer parent mentors.

Both the MELD Program in Minneapolis, and existing parent mentor programs can also act as training resources. Funding to pay for training must be incorporated into state and local program budgets.

Supervision and Support of Volunteer Parent Mentors

Among the recent and current volunteer parent mentor programs in Minnesota, supervision and support of volunteer parent mentors has been provided by paid professional staff. In some agencies, responsibility for the volunteer parent mentor program is a full time job; in other agencies it is one component of the coordinator's responsibilities.

Recommendations for supervision of mentors include ongoing, frequent, regular contact with the volunteers via a mix of telephone conversations and messages, review of mentors' written or dictated summaries of family visits, and regular, frequent group meetings of the corps of volunteers. It is recommended that, for this program, the mentor support meetings occur at least bimonthly and include in-service training presentations and skill-building opportunities, as well as discussion of the mentors' experiences and needs in providing mentoring services to their client families.

Training and support of volunteers must be ongoing and must also include opportunities for communication with other members of the collaboration of providers working with families and children in the community.

**ADMINISTRATIVE STRUCTURE,
ORGANIZATION, AND
ADMINISTRATION**

In addition to the requirements of the volunteer component noted above, the CHILD statute requires the implementation plan to address the following specific elements of program administration:

- * Recommend which state executive agency should house the CHILD Program in the future (Laws of Minnesota 1996, Chapter 451, Article 4, section 66).
- * Contract with appropriate private non-profit and governmental organizations to administer the program on a local level (M.S. 145.953, subd. 1).
- * Address the standards for the program stated in M.S. 145.954.
- * Ensure all residents of Minnesota are eligible for services under this program, make services available on a sliding fee basis, and develop a sliding fee scale for the program (M.S. 145.957).
- * Require local organizations to develop resource and referral booklets for families to use (M.S. 145.955, item (3)).

The following presents the plan recommendations for each of these items:

State Executive Branch Home for the Program

1. Location

In order to administer and implement the CHILD Program, it is recommended that it be located within the Minnesota Department of Children, Families, and Learning, among the early childhood programs cluster. In addition, the program should be governed by an inter-agency steering committee comprised of representatives of the Minnesota Department of Health (Public Health Nursing, Child Health Supervision and Screening, and Home Visiting Programs); the Minnesota Department of Human Services (Office of Volunteer Services which already plays an important role in coordinating existing programs, and the Division of Family Services); and other Minnesota Department of Children, Families, and Learning programs (Early Childhood Family Education, Children's Trust Fund, and Head Start Programs).

The Inter-agency Steering Committee should work with the state staff under a matrix management model to assure coordination with other related programs and provision of all aspects of the CHILD program across disciplines and relevant state and local agencies. Inter-agency steering committees that may exist for other, closely-related activities, such as universal home visiting, could serve this function.

Materials on the Minnesota Department of Health's matrix management of the Home Visiting Program are on file in the Division of Family Health.

CHILD Program Implementation Plan

2. Staffing

Funding is needed for two full-time state agency staff to provide program coordination, grants administration, technical assistance, evaluation, and administration. Coordination will include working with the inter-agency steering committee to assure all components of the program are in place and operating. Technical consultation will range from approaching communities where no program exists and working with providers and parents to determine interest, needs, and next steps; to working with interested communities to further develop programs from existing resources; to providing program implementation assistance to communities; to coordinating information, problem-solving, and resources exchanges among existing and new programs.

Evaluation will include developing and overseeing a contract to design a statewide evaluation plan, providing technical consultation to local projects on implementing the statewide plan and local program evaluation, and analyzing and reporting on the outcome data generated by the projects and the state program.

Evaluation assistance will also be offered to the Minnesota Department of Health Home Visiting Program to coordinate the data of the CHILD Program with the data from the expanding home visiting activities in the state.

Because of the special nature of interdisciplinary collaboration, staff are needed to implement this program. Existing state positions cannot pick up this program and implement it under current responsibilities, although the

proposed new staff must coordinate with and make the best use of existing state level expertise and resources. Funding is also needed to contract with experienced volunteer parent mentor and home visiting program staff to provide training and resource materials to new projects. Finally, funding is necessary to purchase the appropriate office equipment required by these professional staff, including the computer hardware and software necessary for the evaluation component described below. The estimated annual cost of staffing is \$150,000.

Contracts with Local Organizations to Administer the Program on the Local Level

1. Grant funding and local program administration

The CHILD statute requires the commissioner to contract with local organizations to administer the program at the local level. Funding is needed for local communities to expand what may already be available, or to plan for and initiate a new program. A long-term, stable, legislatively funded grant program is proposed and will be administered under state grant contract procedures. Eligibility for funding includes, as per M.S. 145.953, subd. 1, appropriate non-profit organizations and governmental organizations.

Administration of the grants to communities should be kept as simple as possible. A design similar to that used by the Minnesota Department of Health Home Visiting Program in 1996 to distribute one-time funding should be considered. Using the components of a comprehensive program described below, commu-

CHILD Program Implementation Plan

nities would assess the volunteer parent mentoring needs and interests of the families they plan to serve, as well as the extent to which the components are currently available in their communities. Applications to the state describing these processes and findings, and requesting funding to plan for and expand or enhance existing services would be solicited and used to determine grant awards. Measurable objectives consistent with the communities' evaluation outcomes for children and families should be included.

Funding is recommended for at least ten communities at up to \$60,000 each for a program coordinator and expenses, at a total cost of \$600,000 per year. Volunteer recruiting, screening and background checks, training, and support costs, as well as volunteer parent mentor travel cost reimbursements should be included in base funding. Costs for evaluation should also be included.

A local match of financial and in-kind resources of 25 percent of the total budget should be required. Health plans and health care providers should be encouraged to provide financial support as part of their prevention and healthy pregnancy outcomes activities.

Based on findings of the first round of grants, the legislature should commit to increasing funding to meet communities' assessed needs as the program develops. Funding should be awarded based on a balance of supporting efforts of existing programs and supporting development of programs in areas where no program exists.

2. Essential community components for program development

Because the range of existing programs and families' needs varies by community, it is recommended that the CHILD Program establish the following essential components of a community-based volunteer parent mentor program to determine the extent of local program development and funding needs:

- * A "home" base organization, interdisciplinary team, or collaborative that can act as the local fiscal agent (public or private non-profit organization) to administer the project at the local level under contract with the state.

The "home" organization must have the ability to house, support, and administer the program and to link families with all existing programs, resources, and services in the community, particularly public health, social services, and education. A clear description of existing coordination and/or collaboration relationships and processes must be provided. Funding requests should be evaluated based on letters of collaboration, coordination, and commitment from a majority of the communities' providers of services to families and children.

- * A parent advisory council to guide development and implementation of the program and client family recruitment, recommend and assist in providing community-specific training topics and skills, and determine how the effectiveness of the project is evaluated. It is recommended that communities use existing structures wherever possible for this purpose or to establish these councils.

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- * A designated coordinator to oversee all components of the program, especially the recruiting, screening and background checks, supervision, and support of the volunteers. Many communities have volunteer coordinators who can assist in assuring this is available.
 - * A clear description of the role and responsibilities of a volunteer parent mentor. (The Minnesota Department of Health, Division of Family Health has on file examples of descriptions used by recent and current programs.)
 - * Mechanisms, procedures, protocols, and guidelines for volunteer recruiting (particularly within communities of color), screening, training, supervision, support, and evaluation, including procedures for record-keeping. This component must address the statutory training requirements, as well as skills for ongoing support in parenting, guidance on raising a child, and coping with the stresses that may increase the risk of child abuse. This component must incorporate input from parents being served by the program. (The Minnesota Department of Health, Division of Family Health has on file examples of these from recent and current programs.)
 - * Parent outreach and recruiting mechanisms and procedures for matching parents with volunteers, and, in particular, addressing matches within communities of color. (The Minnesota Department of Health, Division of Family Health has on file examples of these from recent and current programs.) Recruitment resources include minority professional associations, community churches, corporate volunteer councils, and multi-cultural press publications.
- * Mechanisms and procedures for evaluating the volunteer mentor program. Evaluation must include parent/family outcomes, program development benchmarks, and evaluation of the volunteer parent mentors. A commitment to work with the state evaluation plan must be stated.
 - * A stated commitment to family support principles as defined in Appendix D.
 - * Community match funding and a plan for and community commitment to finding funding to replace the state program grant over time.
 - * Referral resources, relationships, protocols, and follow-up procedures.
- ### 3. CHILD Program grant application process
- The state program inter-agency steering committee will work with state staff to develop materials for the grant application process. Applications should include:
- * Assessment of the community's:
 - "Circumstances," including current rates of child abuse and neglect, anecdotal information on families and parenting needs, and rates of identified risk factors.
 - Parents', providers', and volunteers' identified need for, interest in, and commitment to this program.

CHILD Program Implementation Plan

-- Existing services for families which can serve as the basis for referrals and as assurance of coordination with existing services.

- * Using the components of a comprehensive program above as the basis for determining program development funding needs, provide a rating scale for each component on which the applicant community organization estimates, on a scale of one to ten, the extent to which the components exist in their community. Applicants must describe each program component that is rated as fully in place. Funding requests must include specific plans to bring all components of the community program up to the fullest extent necessary to implement, or to expand it beyond what is currently available. (The process used in the Minnesota Department of Health Home Visiting Program's one-time grant process in 1996 can be used as a model.)

Grants will be awarded so as to bring community program components up to the fullest extent of the essential component standards, balancing funding across the state. Budgets must be consistent with activities proposed, and at least 10 percent of the funding request should be designated for evaluation.

Standards for the Program

M.S. 145.954 requires the following standards be addressed in planning for implementation of this program. A statement addressing the implementation recommendations of this plan follows each standard.

1. Establish mechanisms to encourage interested families to participate in the program and identify, as close as possible to the birth of a new baby, families who may wish to participate

Many current volunteer parent mentor programs target families with risk factors for child abuse and neglect. Outreach brochures and mechanisms for identifying families are generally based in current service delivery systems, often enrolling families who have been identified by providers or who have self-identified according to risk elements in outreach brochures.

Current approaches to "universal" contact with all families experiencing the birth of a baby used by many Family Services Collaboratives, and likely used by those communities providing universal home visiting, include outreach brochures available in supermarkets; laundromats; doctors', social services, public health nursing, WIC, and other providers' offices; and family centers inviting parents to call for more information and encouraging both prenatal and postpartum contact. Brochures with tear-off sections requesting a follow-up telephone call from the collaborative volunteer or outreach staff have also been developed for distribution in hospital maternity wards. Some programs designate staff or volunteers to go door-to-door in communities and/or to visit new parents in hospitals in order to offer information on available community resources to all parents, especially those with new babies. In order to determine if all new parents have been identified, many communities verify contact names with public birth record information.

Coordination with and/or implementation of these mechanisms is recommended for use in

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this program to assure all families are aware of the availability of volunteer parent mentors in their community.

2. Ensure coordination with existing services and programs

The essential program components, including basing the CHILD Program in existing collaborative relationships and the funding application requirements described in this report address this standard.

3. Ensure that the services provided by the program are community-based

The essential program components and funding application requirements described in this report address this standard.

4. Ensure that the special needs of minority communities are addressed

Programs that meet the special needs of minority communities should be designed by the members of that minority community. The recommended establishment of a local parent advisory council to oversee development and implementation of the program should assist in this process. This council must include a representative mix of families in the community and their guidance and recommendations must be reflected in the way the program is developed. The council is expected to work with community and program participant families on an ongoing basis to determine and meet needs appropriately.

A recruitment plan for volunteers must incorporate strategies to address the need for multi-cultural volunteers.

5. Gather data on participating families, monitor and evaluate their progress, and evaluate the program's effectiveness

The commissioner is required to develop appropriate systems to gather data on participating families, to monitor and evaluate their progress, and to evaluate the program's effectiveness. State legislative funding is necessary for development of a program evaluation plan, including initial and ongoing technical consultation to communities, the state agency, and the inter-agency steering committee to determine project outcomes for families and to evaluate the extent to which those outcomes are achieved under this program.

In addition to evaluation of the program by participating families and volunteers, the extent to which outcomes are achieved should provide the criteria to determine the program's effectiveness. The evaluation plan should incorporate family services and other interdisciplinary collaborative projects outcomes.

The evaluation plan must include development and implementation of appropriate systems to gather data on participating families, while protecting their privacy. The evaluation tools developed for the Minnesota Department of Health Home Visiting Program to prevent child abuse and neglect should be incorporated into the evaluation plan, where possible. As noted above, the data resulting from the evaluation of these two activities should be coordinated.

Evaluation should address: the extent to which program implementation is successful; changes in client families' knowledge, attitudes, and behaviors; and volunteer and client families'

CHILD Program Implementation Plan

subjective assessments of the program and the mentoring relationship. State and community level participant advisory committees should be convened as part of this component. The estimated annual cost for evaluation is \$75,000.

Models from recent and existing programs, on file at the Minnesota Department of Health, Division of Family Health, offer additional approaches to this requirement.

Eligibility and Fees

M.S. 145.957 requires the implementation plan to ensure that all residents of Minnesota are eligible for services under this program, that the services be available on a sliding fee basis, and that the Commissioner of Health develop a sliding fee scale for the program.

1. Eligibility

Discussions with professionals involved in recent and current volunteer mentor parent programs provide varying perspectives on this issue. The Children's Home Society Befriender program, and the Parent Outreach Program Befriender program both target parents with risk factors. They encourage use of risk assessment tools or protocols, such as referrals from partner agencies familiar with the parents and the factors in their lives which may put them at greater risk for maltreating their children.

The Exchange Clubs offer volunteer parent mentor services to parents self-referring based on risk factors published in their outreach brochure.

Staff of both the Minneapolis Way to Grow Program and the volunteer parent aide programs coordinated by the Minnesota Department of Human Service Office of Volunteer Services believe that this program should be available to all parents because they feel that any parent wanting a volunteer parent mentor needs one. These programs work to match parents and volunteer parent mentors accordingly, screening for risk factors and identifying other parent profile elements. Universal availability and participation also avoids negative stigma on receipt of services.

For the purposes of this plan, it is recommended that the CHILD Program be available to all parents and that any parent requesting a volunteer parent mentor be able to participate in this program. It is also recommended that risk criteria for varying levels of need be developed in order to match parents with mentors possessing the appropriate and necessary skills. Finally, it is recommended that no parent be denied access to a volunteer parent mentor, where available, based on income, age, race, marital status, special needs, spiritual beliefs, or other discriminatory factors.

2. Fees

Based on discussions with experienced programs, this report recommends against requiring fees to be paid by families for volunteer parent mentor services. Sufficient state legislative and local match funding to support the program are recommended instead.

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Resource and Referral Booklets

M.S. 145.955, item (3), requires participating local organizations to develop resource and referral booklets that volunteers can distribute to families served by the program. The booklets are to contain comprehensive information on the spectrum of services available to assist families and to reduce the risk of abuse.

Discussions with professionals involved in the delivery of support services to parents noted that 1) alternate forms of communication, appropriate to the parents' culture, must be considered, and 2) booklets such as these are not commonly used by parents seeking volunteer parent mentor services. Rather, information and referral resources available via telephone or on-line computer terminals are more accurate and up-to-date, and are more likely to be used by both parents and mentors. The recommendation of this report is that this requirement of the program be replaced by a requirement to encourage and support parents to acquire the skills necessary to locate and use information already available from other sources.

NEXT STEPS FOR PROGRAM IMPLEMENTATION

The interviews with staff of experienced programs helped identify next steps in development of this program. These include:

- * Secure legislative funding. The annual costs for the initial phase of the program are estimated to be:

State agency costs	\$150,000
Evaluation contract	75,000
10 grants at \$60,000 each	<u>600,000</u>
Total	\$825,000

- * Convene the inter-agency steering committee.
- * Develop the evaluation component request for proposals so that work can begin in this area.
- * Work with the inter-agency steering committee to develop grant application materials.
- * Develop resource files to provide information regarding working with adolescent parents, parents of children with special physical and mental health needs, and parents with special health needs.
- * Develop resource files to provide information on culturally-specific perspectives on pregnancy, childbirth, parenting and parent/child interaction, nurturing, child growth and development, interpretations of child abuse, mentoring, volunteer services, family traditions, etc.
- * Work with the inter-agency steering committee to conduct focus groups of parents to reflect on and revise this implementation plan, as needed.
- * Work with the inter-agency steering committee, evaluation contractor, and parent and community representatives to develop specific state and local program outcomes to measure the effectiveness of the CHILD program over time.
- * Bring together an inter-disciplinary advisory group to identify discipline-specific parameters, boundaries, and roles in working with families and children to identify gaps, duplication, and opportunities for collaboration.

Appendix A
Minnesota CHILD Statute

CHILD Program Implementation Plan

LONG-TERM DEVELOPMENT PROGRAM FOR CHILDREN

Minnesota Statutes 1996

145.951 CHILDREN HELPED IN LONG-TERM DEVELOPMENT; IMPLEMENTATION PLAN.

The commissioner of health, in consultation with the commissioners of children, families, and learning; corrections; public safety; and human services, and with the directors of the office of strategic and long-range planning, the council on disability, and the councils and commission under sections 3.922 to 3.9226, may develop an implementation plan for the establishment of a statewide program to assist families in developing the full potential of their children. The program must be designed to strengthen the family, to reduce the risk of abuse to children, and to promote the long-term development of children in their home environments. The program must also be designed to use volunteers to provide support to parents, and to link parents with existing public health, education, and social services as appropriate.

History: 1996 c 451 art 4 s 25

145.952 DEFINITIONS.

Subdivision 1. **Scope.** The definitions in this section apply to sections 145.951 to 145.957.

Subd. 2. **Abuse.** "Abuse" means physical abuse, sexual abuse, neglect, mental injury, and threatened injury, as those terms are defined in section 626.556, subdivision 2.

Subd. 3. **Child program or program.** "CHILD program" or "program" means the children helped in long-term development program that the commissioner shall plan to be implemented under sections 145.951 to 145.957.

Subd. 4. **Commissioner.** "Commissioner" means the commissioner of health or the commissioner's designee.

Subd. 5. **Local organization.** "Local organization" means an organization that contracts with the commissioner under section 145.953, subdivision 1, to administer the CHILD program on a local level.

History: 1996 c 451 art 4 s 26

145.953 PROGRAM STRUCTURE.

Subdivision 1. **Local administration of program.** The implementation plan must require the commissioner to contract with appropriate private nonprofit and governmental organizations to administer the CHILD program on a local level. The local organization, in collaboration and coordination with the department of health, shall be responsible for recruiting, screening, training, and overseeing volunteers for the program.

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Subd. 2. **Volunteer component.** The implementation plan must provide that a volunteer will be matched with a family to provide ongoing support in parenting. The volunteer shall provide the family with information on the CHILD program and other social services available. Through home visits and frequent contact, the volunteer shall provide support and guidance on raising the child and coping with stresses that may increase the risk of abuse. The volunteer shall also assist the family in obtaining other needed services from existing social services programs.

History: 1996 c 451 art 4 s 27

145.954 STANDARDS FOR PROGRAM.

In planning for the implementation of the program, the commissioner shall:

- (1) establish mechanisms to encourage families to participate in the CHILD program;
- (2) establish mechanisms to identify families who may wish to participate in the CHILD program and to match volunteers with these families either before or as soon as possible after a child is born;
- (3) ensure that local organizations coordinate with services already provided by the departments of health, human services, and children, families, and learning to ensure that participating families receive a continuum of care;
- (4) coordinate with local social services agencies, local health boards, and community health boards;
- (5) ensure that services provided through the program are community-based and that the special needs of minority communities are addressed;
- (6) develop and implement appropriate systems to gather data on participating families and to monitor and evaluate their progress; and
- (7) evaluate the program's effectiveness.

History: 1996 c 451 art 4 s 28

145.955 DUTIES OF LOCAL ORGANIZATION.

The implementation plan shall require the local organizations to:

- (1) recruit and train volunteers to serve families under the program, according to section 145.956;
- (2) provide ongoing supervision and consultation to volunteers; and
- (3) develop resource and referral booklets that volunteers can distribute to families served by the program. The booklets shall contain comprehensive information on the spectrum of services available to assist the family and to reduce the risk of abuse.

History: 1996 c 451 art 4 s 29

145.956 TRAINING AND RECRUITMENT OF VOLUNTEERS.

Subdivision 1. **Training requirements.** (a) The implementation plan shall require the local

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organization to carefully screen and train volunteers to provide program services. Training must prepare volunteers to:

- (1) identify signs of abuse or other indications that a child may be at risk of abuse;
- (2) help families develop communications skills;
- (3) teach and reinforce healthy discipline techniques;
- (4) provide other support a family needs to cope with stresses that increase the risk of abuse;

and

- (5) refer the family to other appropriate public health, education, and social services.

(b) The implementation plan shall also include procedures whereby the local agency will provide ongoing support, supervision, and training for all volunteers. Training must be culturally appropriate and community-based, and must incorporate input from parents who will be using the program's services.

Subd. 2. **Recruitment of volunteers.** The implementation plan must require that the local organization recruit minority volunteers to serve communities of color.

History: 1996 c 451 art 4 s 30

145.957 ELIGIBILITY.

The implementation plan must ensure that all residents of Minnesota are eligible for services under the program. The plan must make services available on a sliding fee basis. The commissioner shall develop a sliding fee scale for the program.

History: 1996 c 451 art 4 s 31

LAWS OF MINNESOTA 1996 CHAPTER 451, ARTICLE 4

Sec. 66. REPORT ON CHILD PROGRAM IMPLEMENTATION PLAN.

By February 15, 1997, the commissioner of health shall present to the legislature an implementation plan for the establishment of a statewide CHILD program. The implementation plan must incorporate the requirements for program structure and standards, duties of participating local organizations, training and recruitment of volunteers, and eligibility, as provided in Minnesota Statutes, sections 145.953 to 145.957. The report shall include recommendations about which executive agency is the most appropriate one within which to house the CHILD program under Minnesota Statutes, sections 145.951 to 145.957.

Appendix B

Contact List

CHILD Program Implementation Plan

CHILD PROGRAM IMPLEMENTATION PLAN CONTACT LIST

Mandated Consultants and Other Resource People Who Provided Development Input, Consultation, and Comment on the Report

Mandated Partner Representatives:

1. Minnesota Department of Human Services:

*Denise Revels Robinson
Mabel Huber
Melissa Eystad
Jerry Lindskog
Alma Garay-Lehn*

2. Minnesota Department of Children, Families, and Learning:

*Barbara Yates
Lois Engstrom
Betty Cooke
Krista Boston
Peggy Erkel-Thorson
Ellie Webster
Mary Crossen
Sue Devich*

3. Minnesota Planning:

Susan Roth

4. Councils/Commissions:

- a. *Latino/Chicano: Margarita Zalamea*
- b. *Asian/Pacific Islanders: Lee Pao Xiong*
- c. *African American: Lester Collins*
- d. *Native American: Joseph Day*
- e. *Disabilities: Toni Dahl-Wiski*

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5. Minnesota Department of Corrections:

Lurline Baker-Kent

Brenda Pausch

Denise Rowe

Faris Bell

6. Minnesota Department of Public Safety:

Carolyn Bailey

Marie Bibus

7. Minnesota Department of Health

Barbara Colombo

Lou Fuller

Barb Palmer

Kristen Catherall

Mary Rippke

Kathryn Lentz

Other Consultants:

1. Minnesota Department of Economic Security

Joelle Hoeffft

2. Marshall Area Families Project:

Leslie Krenick

3. MELD:

Sue Letourneau

Dwaine Simms

4. Way to Grow of Minneapolis:

Tene Jones

Ann Tressel and staff

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5. Local Public Health Association:
Rina McManus
6. Children's Home Society of Minnesota Befriender Program:
Judie Russell
7. Minneapolis Success by Six and the Latinas Network
Victoria Amaris
8. St. Paul-Ramsey County/Wilder Parent Outreach Program: Befriender Program:
Pat Argyros
Gene Urbain
9. Anoka County Social Services Parent Aide Program
Carolyn Iverson
10. Hennepin County Economic Assistance Program Volunteer Services
Tammy Nodland

Appendix C
Parent Aide Program Resources

NATIONAL PARENT AIDE NETWORK STANDARDS

(Home-based support, education and advocacy services for families)

Introduction

Parent Aide service provides a consistent, nurturing relationship between a trained and professionally supervised individual, volunteer or paid, and a parent whose family is at risk of or is experiencing problems in the area of child maltreatment. The Parent Aide provides this assistance by developing a trusting relationship with the parent and by being a positive role model. The Parent Aide provides support and encouragement, builds self-esteem, assists clients in mobilizing their personal resources, facilitates positive parenting skills, enhances the development of mutually beneficial relationships and helps to reduce isolation for the client served. This service is most often provided in the client's home.

Parent Aides are sometimes called friendly visitors, parent advocates, family support workers, therapeutic aides or homemakers.

Goals

The goals of the standard are:

- * To maintain and improve the quality of parent aide programs currently operating and to give encouragement and direction for new programs.
- * To establish guidelines for parent aide programs on parent aide selection, training, supervision, matching, length of service and case closure.
- * To create expectations so that parent aide programs can monitor, be responsible for, evaluate and improve their services on a regular and consistent basis.
- * To increase community awareness of parent aide services.

Standards

STANDARD 1: Parent Aide service shall be provided by a mature, self-aware individual with a capacity and desire to work with a diverse and challenging population.

Interpretation

The screening requirements include individual or group interviews, personal reference checks, police and state central registry checks and a one-year minimum commitment.

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STANDARD 2: Parent Aide service shall offer a minimum of 12 hours of pre-service training and provide on-going training sessions.

Interpretation

Pre-service training must include sessions on communication, listening, relationship building, parenting, confidentiality, case planning, documentation of services, and role responsibility of the parent aide in relation to the client, the referral agency and the provider agency. It also includes a specialized overview of all forms of child maltreatment and units on community resources and cultural sensitivity. On-going training is provided to reinforce and supplement initial training as well as meeting new emerging training needs. This training must be provided on a regular and consistent basis.

STANDARD 3: Parent Aide service shall provide supervision at regular intervals.

Interpretation

This supervision shall include the integration of training with practice, the assessment of client needs and the establishment of goals and plans for service provision in the context of the case. Supervision also allows for the monitoring and assessment of parent aide performance. Supervision should include two face-to-face contacts monthly (group or individual) and weekly telephone contacts. The supervisor shall ensure that the confidentiality of case information and records is maintained.

STANDARD 4: Care must be taken in matching a parent aide with a family.

Interpretation

Interviews are conducted by parent aide program staff with a prospective family. The social history and current situation of the family shall be considered in making the selection of a parent aide for the family. Matches are made based on the best interests of the family and the skills of the parent aide.

STANDARD 5: Parent Aide service addresses a continuum of needs within the relationship according to an established case plan, rather than providing fragmented concrete services.

Interpretation

A personalized case plan should be developed cooperatively by the family, the parent aide and the case supervisor emphasizing family strengths and challenges. A variety of tasks may be provided within the context of the parent aide/family relationship. Home management skills, use of community resources, understanding of developmental tasks and needs of children, problem-solving and communication skills may be addressed in the relationship.

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STANDARD 6: Parent Aide service utilizes a long term, home based relationship between a family and trained and professionally supervised parent aide to prevent child maltreatment.

Interpretation

The expected duration of Parent Aide service is the amount of time necessary for the helping relationship to develop and trust to occur. This length of time is often, but not limited to, 12 months in duration. Service duration is based upon the identified needs and objectives of the family and is determined in coordination with other service providers. Service to the family may be reinstated if needed.

STANDARD 7: Parent Aide service shall be responsible for coordinating the case closure process.

Interpretation

A minimum period of three to five weeks should be given for terminating the family and parent aide relationship. Services during the termination phase of the relationship should be directed toward building confidence in the client, improving self-esteem, consolidating gains, recapitulating prior changes and connecting the client with the appropriate community resources. A closing interview shall be conducted by the parent aide program staff member with the parent aide and family.

STANDARD 8: Parent Aide programs shall be responsible for regular monitoring and evaluation to address issues of service quality.

Interpretation

Parent Aide programs shall be evaluated annually, using such tools as needs assessments, pre and post tests, and satisfaction surveys of clients, parent aides and referral sources.

STANDARD 9: Parent Aide services shall actively promote cooperative relationships with other community resources.

Interpretation

Parent Aide programs shall participate in or assist in the development of inter-agency groups focused on efficient, coordinated service delivery to families. Sharing of information regarding a family shall be done with dignity and respect for the family in accordance with federal, state and local regulations.

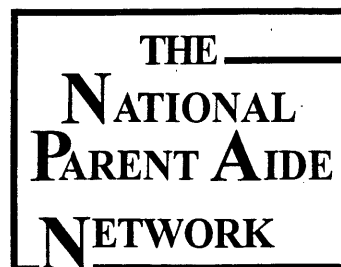
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YOU MAKE THE DIFFERENCE

Join the National Parent Aide Network, a network of active, concerned people who share your commitment to children and families.

By becoming a member of NPAN, you will receive the following benefits:

- ✓ Have your parent aide and child abuse prevention interests represented at the national level.
 - ✓ Access to a national resource library which includes a wide array of training materials, videos, articles and books.
(Membership allows five topic research requests at no charge.)
 - ✓ Training and technical consulting services in the following areas: Parent aide training – volunteer and paid models; long-range strategic planning; board development and orientation; program development and evaluation; volunteer recruitment, training, supervision and recognition; grant writing information, fund-raising and public relations consultation; and clinical assistance.
(These services are available via mail, telephone and on-site. Members are responsible for the cost of transportation, hotel and meals of consultant when on-site visits are conducted.)
 - ✓ A full year subscription to the NPAN's quarterly newsletter which contains fund-raising ideas, PR tips, grant writing information, parent aide articles and updates, volunteer column, and the latest news on child abuse prevention.
- ✓ An invitation to the bi-annual National Parent Aide Conference.
 - ✓ Discounts on products and services such as the Parent Aide Program directory, long distance telephone service, Penny Wise Office Products, Alamo Rent A Car and a low fare travel service through Central Travel.
 - ✓ Access to *HANDSNET*, a computer network that offers timely and relevant news, resources and information on a broad range of human service issues. When you need information, you can request it through the *HANDSNET* network.
 - ✓ The *WASHINGTON MEMORANDUM*, published by the National Child Abuse Coalition, Washington D. C. This in-depth newsletter focuses on legislative issues that affect children and families.
 - ✓ National Child Abuse Prevention Month kit produced by The National Exchange Club Foundation for the Prevention of Child Abuse. This kit provides child abuse prevention project ideas, public relations tools and an array of services offered by the Foundation.
 - ✓ Recognition materials such as certificates, pins, mugs and T-shirts are also available.
For more information, call or write the National Parent Aide Network – A program of The National Exchange Club Foundation for the Prevention of Child Abuse
3050 Central Avenue
Toledo, Ohio 43606-1700
(419) 533-3232
FAX (419) 533-1989
4/95/515.45



**BRINGING TOGETHER PARENT
AIDE PROGRAMS TO PREVENT
CHILD ABUSE AND NEGLECT**



*A program of The National
Exchange Club Foundation for
the Prevention of Child Abuse*



CHILD Program Implementation Plan

A NATIONAL MOVEMENT

The National Parent Aide Network (NPAN) supports the growth of parent aide programs nationwide. Established by a core group of parent aides and parent aide supporters from throughout the country, NPAN's purpose is to promote activities that strengthen families, offer support to parents and prevent child abuse and neglect.

NPAN accomplishes this mission by:

- supporting a national network of parent aide programs
- stimulating the development of parent aide programs in communities not currently being served
- serving as a clearinghouse for information
- providing technical expertise regarding program and organizational issues
- advocating for the interests and needs of parent aide programs on the national level



AN APPROACH THAT WORKS

Parent aides are *trained, professionally supervised individuals, volunteer or paid, who assist parents under stress and those whose children are at risk of abuse or neglect.* The parent aide provides this assistance by developing a trusting relationship with the parent and by being a positive role model.

The parent/parent aide relationship is:

parent-focused	informal
non-judgmental	non-authoritarian
caring, nurturing	in-home, one-on-one
consistent and supportive	

Parent aide programs develop:

- parental self-confidence and self-esteem
- coping skills
- understanding of developmental tasks and needs of children
- problem-solving and communication skills
- social contacts
- home management skills
- use of community resources

Child protective workers, community professionals and parents recognize the effectiveness of the parent aide service model. As supportive, caring individuals, parent aides often make the critical difference in enabling parents to succeed.

SUPPORTING PARENT AIDE PROGRAMS

The demand for services requires the development of a strong national network of parent aide programs. To accomplish this goal NPAN:

- develops and maintains a national directory of parent aide programs
- publishes a newsletter
- sponsors regional conferences
- promotes state parent aide program networks
- provides technical expertise by linking experienced parent aide providers to programs with specialized needs
- promotes program development
- develops standards for parent aide practice
- serves as a clearinghouse of parent aide resources
- hosts a bi-annual National Parent Aide Conference
- represents the interests of parent aide programs to public and private organizations, legislatures and the media

Appendix D

Minnesota's Family Support Principles

Principles of Family Support

Family resource programs have emerged since the 1970s as a spontaneous response to the need for more support expressed by parents and the awareness by people who work with families that preventing problems is the most effective approach. Although the settings for programs and the resources they offer families vary widely, one goal is shared by every program: increasing the capacities of all families to nurture their children.

All family resource programs are based on the assumption that parents who are confident and competent in their parenting roles are more likely to raise healthy, productive children. The intentional incorporation of family empowerment in all aspects of a program as a way to enhance child development differentiates family resource programs from other services for families.

The guiding principles of family resource programs and policies reflect a reliance on partnerships with parents.

- The basic relationship between program and family is one of equality and respect. The program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur.
- Participants are a vital resource. Programs facilitate parents' ability to serve as resources to each other, to participate in program decision and governance, and to advocate for themselves in the broader community.
- Programs are community-based and culturally and socially relevant to the families they serve. Programs are often a bridge between families and other services outside the scope of the program.
- Parent education, information about human development, and skill building for parents are essential elements of every program.
- Programs are voluntary and seeking support and information is viewed as a sign of family strength, not as indicative of deficits and problems.



Appendix E
Home Visitors Training Proposal

MINNESOTA HOME VISITORS TRAINING PARTNERSHIP
Project Overview

PURPOSE

- ◆ The training is being developed to:
 - ▶ assure that families receive high quality home visiting services.
 - ▶ assist local communities with training and staff development responsibilities.
 - ▶ advance a strength-based approach to working with families through all systems.
 - ▶ foster a cross systems orientation that will lead to improved working relationships due to a better understanding of one another.
 - ▶ begin addressing cross-systems planning issues such as service coordination, avoidance of duplication, the identification of a lead agency when a family has more than one home visitor, and the identification of a single point of contact for the family.
 - ▶ provide the varied disciplines with a means to share expertise.

VISION

- ◆ This training will promote a family support philosophy and approach to working with families. The Family Resource Coalition of Chicago, Illinois, developed language which describes this philosophy and approach. It is included in the five statements below.
 - ▶ The basic relationship between a family support program and a family is one of equality and respect. The first priority in a family support setting is to establish and maintain this relationship as the vehicle through which growth and change can occur.
 - ▶ Participants are a vital resource. Programs facilitate parents' ability to serve as resources to one another, to participate in program decisions and governance, and to advocate for themselves in the community.
 - ▶ Family support programs are community-based and culturally and socially relevant to the families they serve and are often a bridge between families and other services outside the scope of the program.
 - ▶ Parent education, information about human development and skill building for parents are essential elements of every family support program.
 - ▶ Family support programs are voluntary, and seeking support and information is viewed as a sign of family strength.

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- ▶ In addition, the training will promote the important roles played by both male and female care givers and encourage programs to include both genders in their programming. Intergenerational connections will also be promoted in the training.
- ◆ Interdisciplinary
 - ▶ The development, implementation and continued oversight of this training is a coordinated, collaborative effort between the different disciplines and the public and private sectors.
 - ▶ The training will espouse a strong cross-systems orientation so that participants will become familiar with the many programs offering home visiting services in Minnesota. The value of working as a team will be stressed.
 - ▶ The training will provide participants with cross-discipline information so that they will be able to recognize “red flags” in all areas of child and family well-being (i.e. indicators of child illness, developmental delay, family violence).
- ◆ Core competency approach
 - ▶ The training will cover the basic skills needed by all professionals, paraprofessionals and volunteers who work with families in their homes.

STRATEGIES

- ◆ The training will be regionally based and offered several times a year.
- ◆ Several implementation strategies are envisioned
 - ▶ A variety of public-private partnerships are possible.
 - ▶ State and county agencies, private non-profits, public and private community-based organizations, HMO's and community colleges could all play a role in delivering the training.
- ◆ Incentives may be provided so that participants attend the training in teams.

DRAFT
Minnesota Home Visitors Training Partnership
Outline of a 6 Day Training

- Day One** **Topic**
- Introduction
 - History of home visiting values clarification/cultural self-awareness
 - Strength-based (etc.) philosophy
 - Attachment theory
 - Parent/child relationship
- Day Two** **Topic**
- Diversity (cultural, gender, urban/rural, etc.)
 - Understand that a diversity of parenting values and child rearing practices exist
 - Concept of cultural competency
 - Family systems
 - How parents and children influence one another
 - Impact of domestic violence
 - Impact of chemical dependency
- Day Three** **Topic**
- Healthy pregnancy
 - Healthy child
 - Normal development
 - Home as an educational environment
 - Parenting
 - Early education
 - Health education
- Day Four** **Topic**
- Indicators of child/family well-being (red flags)
 - Assessment of home environment
 - Child abuse and neglect
 - Domestic violence
 - Chemical dependency
 - Developmental delay
 - Child physical or mental illness
 - Relationship building
 - Role of Home Visitor

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- Power balance
- Communication skills

Day Five **Topic**

- Relationship building (Continued)
 - Getting in the door/how to introduce yourself
 - Building trust
 - Developing goals and service plans with families (develop strength-based and family-centered skills)
 - Home visiting protocol
 - Boundaries
 - Ground rules and setting limits
 - How to motivate families
 - Working with hard-to-reach/resistant families
 - Problem-solving/conflict resolution
 - Avoiding dependency
 - Terminating home visiting relationship
 - Connecting families to formal and informal support

Day Six **Topic**

- Community connections
 - Overview of different disciplines/systems
 - Making effective referrals
 - Working as a team
- Professional development
 - Confidentiality
 - Mandated reporting
 - Record keeping
- Taking care of oneself
 - Personal safety
 - Humor/support systems
 - Stress management

Print Resources

- Basic child development
- Positive parenting techniques
- Community resources
- Domestic violence
- Chemical dependency



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