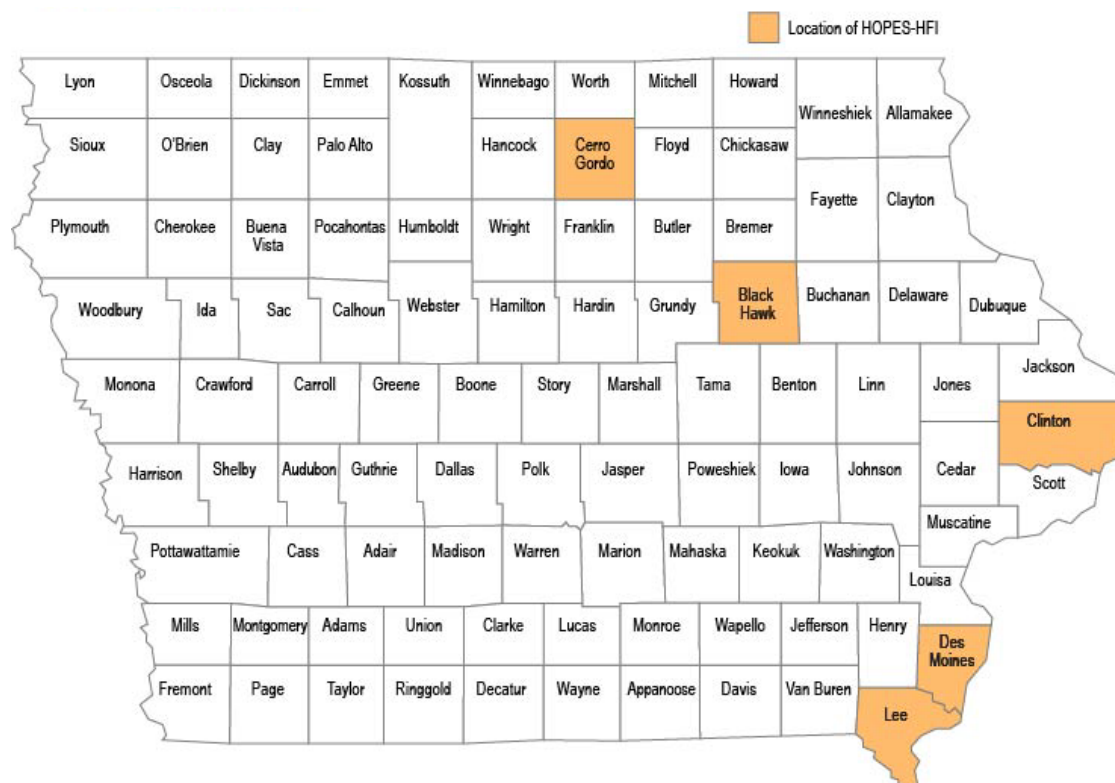


# HOPES-HFI Program Overview

## Background

Healthy Families America (HFA) is a voluntary, evidence-based, home visiting model designed to promote positive parenting and childhood outcomes through enhanced child health and development as well as to prevent occurrences of child abuse and neglect. The HFA model was first introduced into Iowa in 1992 through the Iowa Legislature to the Iowa Department of Public Health. The program was named Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES - HFI).

HOPES-HFI follows the HFA service model, adhering to the standards developed and researched by HFA. Intense family support services implemented through home visitation are provided to at-risk families, during pregnancy and for children ages birth through five years to help achieve positive outcomes. Services are offered to families identified as most in need of services through the use of positive outreach efforts. Outreach attempts are completed and designed to target all eligible families regardless of race, ethnicity, sexual orientation, etc.



## Critical Elements

All HOPES-HFI funded sites must comply with the HFA Critical Elements.

1. Initiate services prenatally or at birth and continue services throughout age eligibility per HFA requirements.
2. Use a standardized screening or assessment tool with all families in order to systematically identify families who are most in need of services. This tool should assess the presence of factors associated with increased risk for child maltreatment or other poor childhood outcomes (i.e. social isolation, substance abuse, parental history of abuse in childhood).
3. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.
4. Offer frequent services with well-defined criteria for increasing and decreasing frequency of long-term service.
5. Services must be culturally responsive as staff understand, acknowledge, and respect cultural differences among families; staff and materials used must reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.
6. Services must focus on supporting the parent(s) as well as supporting the parent-child interaction and child development.
7. At a minimum, all families must be linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services.
8. Services are provided by staff with limited caseloads to ensure home visitors have an adequate amount of time to spend with each family to meet their unique needs and plan for future activities.
9. Service providers (i.e. family support workers/family assessment workers) must be selected based on their personal characteristics and their ability to work with culturally diverse families.
10. Service providers (i.e. family support workers/family assessment workers) must have a framework based on education or experience to prepare them to handle the experiences they may encounter when working with at-risk families.
11. Service providers (i.e. family support workers/family assessment workers) must receive basic training along with intensive training specific to their role to understand the essential components of family assessment and home visitation.
12. Service providers (i.e. family support workers/family assessment workers) must receive ongoing, effective supervision to allow them to develop realistic and effective plans to empower families to meet their objectives.
  - a. Understand why a family may not be making progress and how to adjust plans to increase effectiveness with the family.
  - b. Express concerns and frustrations to lead to future change and avoid stress-related burnout.

Additional information on the HFA criteria and standards can be found at [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org).