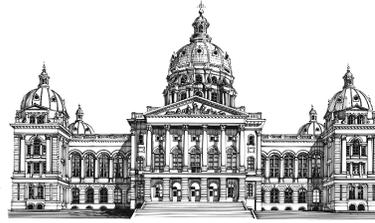


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## The Healthy Opportunities for Parents to Experience Success (HOPES) Program

### ISSUE

This *Issue Review* examines the development, funding, and success of the HOPES Program from FY 1993 - FY 1997 and discusses the future needs of the Program.

### AFFECTED AGENCIES

Department of Public Health  
Department of Human Services  
Department of Education

### CODE AUTHORITY

Section 135.106, Code of Iowa

### BACKGROUND

The Healthy Opportunities for Parents to Experience Success (HOPES) Program is a prevention program designed to provide family support and education services to families at high risk for problems parenting their children. Home visiting and care coordination by qualified family support workers are available from prenatal until the child reaches the age of three years (age of four in cases of continuing serious need).

The Iowa HOPES Program was started in 1992 as a pilot project. Iowa was experiencing increases in factors such as child injuries, child abuse and neglect, infant mortality, immunization noncompliance, and a lack of "school readiness" in many children by age five. Iowa's limited availability of family support programs based on prevention instead of corrective intervention was identified as a service gap statewide.

The Hawaii Healthy Start Program had been successful in meeting these challenges, and this prompted the development of the HOPES Program in Iowa. Other State and federally funded programs for family support existed in Iowa in 1992, but few used the home visiting approach with the intensity and frequency of home visits available from the HOPES Program. For example, the Parents at Risk Program from the Department of Education is similar with monthly home visits, and the Department of Human Services contracts with the Iowa Chapter

to Prevent Child Abuse for home visiting. **Attachment A** contains additional information on these and other programs.

The model for the HOPES Program today is Healthy Families America, a program of the National Committee to Prevent Child Abuse. More information about the HOPES Program design and implementation is contained in **Attachment B**.

### ***HOPES - Healthy Families Iowa***

The HOPES Program is part of Healthy Families Iowa (HFI) which is administered by the Department of Public Health through a public/private partnership. A goal of the HFI Program is the reduction of child abuse and neglect. Other components of the Healthy Families Iowa Program include:

- *Mid-level Practitioners Program* - Intended to improve access to prenatal health care by increasing the availability of certified nurse midwives, obstetrical/gynecological nurse practitioners, and family nurse practitioners in areas of Iowa where women have historically experienced difficulty in obtaining obstetrical care from physicians.
- *Infant Death Research: Barriers to Prenatal Care Project* - Designed to obtain information about the prenatal care experiences of women delivering babies in Iowa hospitals. The Project is operated by the University of Iowa and informs the Department of Public Health about the adequacy and changing need for prenatal care and family support services for families with a newborn infant.

Senate File 526 (The HOPES-HFI Program Act), passed during the 1997 Legislative Session, merged the HOPES Program and the Infant Mortality and Morbidity Prevention (IMMP) Program into the HOPES-HFI Program. Merging the IMMP Program and the HOPES Program into the same model allows home visiting services by a family support worker to women during pregnancy and continuing through delivery until the child is three or four years of age.

### ***Program Utilization***

Since beginning in 1992, the HOPES program has served 985 families. Other Program statistics are as follows:

#### **Program Utilization**

<b>Births/Families</b>	<b>FY 1997</b>	<b>FY 1993 - FY 1997</b>
Births in the ten counties*	16,643	42,211
Families screened	8,978	32,562
Families eligible for the HOPES Program	971	2,842
Families eligible but no funding available	451	1,004
Families offered the HOPES Program	520	1,838
Families accepting the HOPES Program	320	985

\* There were approximately 37,000 births statewide in calendar year 1996.

## **CURRENT SITUATION**

### ***Contractor***

The contract for the HOPES Program for FY 1998 is administered by Home Care Iowa, Inc. Home Care Iowa, Inc. is comprised of 80 local health departments and public health nursing agencies and

has coverage capacity for statewide service delivery and coordination through a single contract. Home Care Iowa, Inc. was awarded the contract for FY 1998 and FY 1999 following a Request for Proposal process. As contractor, Home Care Iowa, Inc. may retain up to 10.0% of the total appropriation for administrative expenses.

### ***Counties Involved***

Ten counties have a subcontract to provide the HOPES Program: Black Hawk, Buchanan, Clinton, Hamilton, Lee, Muscatine, Polk, Scott, Wapello, and Woodbury.

There are a variety of reasons why all counties are not involved at this time.

- There is a lack of funds. The appropriation for the HOPES-HFI Program would need to be substantially increased to support additional counties. Eight of the current counties need increased funding to be able to offer the HOPES Program to all eligible families screened as high risk.
- Communities must be ready. Legislation requires that grantee organizations provide \$1 of matching funds for every \$2 of State grant funds used to support the HOPES Program. The match is secured by the subcontracting agencies from grants, foundations, third party payers, local county funds, human services decategorization projects and other programs, and local businesses.
- The Department of Public Health would require sufficient staffing (approximately 3.0 FTE positions) for the planning and technical assistance necessary for additional communities to implement the community planning process and develop an integrated local family support system.
- Some communities have developed a family support system with components of the HOPES Program. Expansion of the HOPES Program into these counties without modification could result in duplication of services. The following counties have implemented family support programs through the decategorization process: Bremer, Butler, Cerro Gordo, Chickasaw, Floyd, Franklin, Grundy, Hancock, Mitchell, Winnebago, and Worth.

### ***Challenges to the HOPES Program***

Provider agencies have identified the following challenges to the HOPES Program success:

- The inability to admit all eligible families due to insufficient funding.
- The lack of affordable housing for low income families with small children, and locating eligible families following frequent moves in search of adequate housing.
- Transportation to medical and social services.
- The lack of alternate hours of public services for working parents.
- The availability of accurate translations of various parenting, medical, and educational materials.
- The concentrated number of births in urban areas.
- The lack of hospital-based universal risk screens of new families.
- Varying criteria for a family's eligibility of State and federally funded family support programs.
- The lack of a single agency or institution in each community to coordinate referrals, outreach, and follow-up over a continuum of prenatal-birth through five years of age.

**ALTERNATIVES**

An alternative to simultaneous statewide expansion would be to provide incremental increases in State funding for the HOPES-HFI Program over five fiscal years until it is adequate statewide for those communities who have identified needs through assessment and planning. The system would range from a component similar to the HOPES Program or Early Head Start model for high risk families to a home visit from a local service such as public health nurse, volunteer, parish nurse, or mentor.

Other alternatives may result from the deliberations of the Family Support Task Force, a work group of State agency representatives and children and family advocates. The Task Force is working to identify family support programs available through different State agencies. The Task Force seeks to determine how to assist local communities with developing a system of family support from the array of programs and services available.

**BUDGET IMPACT**

In response to language contained in HF 710 (Health and Human Rights Appropriations Act), the Department of Public Health is preparing a report on expansion of the HOPES Program throughout the State.

A preliminary estimate of the State General Fund cost for simultaneous statewide expansion, prepared during the 1997 Legislative Session, was \$5.0 million. This estimate includes approximately \$200,000 for support costs. It does not, however, consider local match funds which would total \$2.4 million.

The following variables may ultimately affect the actual costs of expansion, regardless of whether simultaneous or incremental expansion is used.

- Educating grant recipients on how to utilize alternate funds for components of the HOPES Program will continue to decrease the total appropriation needed.
- An increase in support for prevention determined through local human services decategorization may decrease the total appropriation needed.
- An increase in sites for Early Head Start may decrease the total appropriation needed.
- The case management component of federal and State Title XXI funds for children's health insurance may decrease the total appropriation needed.
- An increase in fertility rates may increase the total appropriation needed.
- An increase in participation rates resulting from implementation of universal screenings may increase the total appropriation needed.
- An increase in community participation due to development of local family support systems may increase the total appropriation needed.

The Department of Public Health will be considering these factors in a revised estimate to be included in the report to the 1998 General Assembly.

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## Other Family Support Programs

The **Early Head Start (EHS)** home visiting model is a federally funded program with the service intensity, duration, and frequency provided by the HOPES model. Pregnant women and families with children up to one year of age may enter this Program with eligibility determined by poverty level. In areas with EHS available, the HOPES Program subcontractors have a written agreement to refer high risk families that meet income guidelines to the EHS program. The State grant funds would be used for families who are high risk that do not meet eligibility requirements for admittance to the EHS.

Applications to the federal agency for increased EHS sites in Iowa are pending announcement of grants. The appropriation of State HOPES Program funds will need to be adjusted to current subcontracting sites in future fiscal years so EHS is at capacity and State funds are used to supplement eligible families unable to enroll in EHS.

Current counties with Early Head Start home visiting: Buena Vista, Clay, Dickinson, Emmet, Hardin, Marshall, O'Brien, Osceola, Palo Alto, Pocahontas, Polk, Poweshiek, Story, and Tama.

The **Healthy Start** federal grant has been awarded to the Visiting Nurse Service of Des Moines to implement a home visiting program for families at risk and to provide system access through case management for identified census tracts. The HOPES Program in Des Moines will be collaborating with visiting nurses regarding the HOPES Program services to maximize capacity of Healthy Start and to admit high risk families who are not eligible for Healthy Start.

**Partnership for Safe Families, Neighbors Helping Neighbors** is an Edna McConnel Clark Foundation funded project in Cedar Rapids. Family Resource Centers are located in targeted neighborhoods for families to access support. A home visiting model similar to the HOPES Program is one of the components available to families.

**Parents at Risk** is State funded and administered by the Department of Education. It provides in-home visits once a month to parents who are at risk. Sites are as follows:

1. Des Moines - McKinley School, Lucas School, Moulton School, Drake University Head Start
2. Iowa City - United Action of Youth and Neighborhood Center
3. Cylinder - Lakeland AEA #3
4. Council Bluffs - Loess Hills AEA #13
5. Muscatine Community School
6. Oelwein Parent Share and Support
7. Cedar Rapids - St. Pauls' Preschool Focus
8. Burlington - SEIA Community Action

## The HOPES Program Design and Implementation

**Screening** of pregnant women and/or birth screening is the method of identifying families eligible for the HOPES Program. Families enter the HOPES Program as a result of a screening done prenatally or in the hospital at the time of birth. A standard screening tool is used to identify conditions and characteristics that place a family in high need of program services to attain and maintain family integrity and function.

**Admission** into the HOPES Program is determined by findings of the screening. Families meeting the screening criteria for high risk are given an explanation and an offer of the HOPES Program services. The family may accept or decline without penalty. High risk families that decline, or for which there is not adequate funding for the HOPES Program services to be offered, are provided with referrals to other appropriate community services. Each of the program agencies has a companion Home Visitor Program that offers short-term home visits to families not meeting the HOPES Program entry criteria.

**Intake**, if the family accepts the HOPES Program, occurs when a home visit is made by the agency case manager soon after the mother and baby return home. A second screening/evaluation is conducted in the home, using a standard tool, to further assess the family's strength and needs. An individualized case plan and set of goals are developed and implemented with family input and agreement. A family may withdraw from the HOPES Program at any time.

**Program services** are tailored to the needs and agreement of the families. Each family is matched with a family support worker. Recognizing that many families will respond best to a family support worker whose ethnic or cultural heritage closely matches their own, workers have been recruited from a variety of backgrounds. The family support worker visits the home on a regular, individualized basis, playing a pivotal role in assisting the family to deal successfully with problems. Usual family support activities include the following:

- Assisting and coaching families to sort through the bewildering array of community services in order to identify and approach appropriate services;
- Establishing linkages with primary care physicians ("medical home");
- Obtaining proper and appropriate medical services;
- Scheduling and obtaining childhood immunizations and preventive health exams;
- Teaching and modeling appropriate parental behaviors and methods of discipline;
- Explaining stages of child development and appropriate expectations;
- Filling the multiple and overlapping roles of mentor, advocate, teacher and guide.

Family support workers are required to complete a specified pre-service training program prior to any assignment, and must also attend at least six hours of continuing education each year. Many family support workers, in addition to completing local training, have participated in the statewide conferences and educational opportunities offering family support education.

Supervision and case management occur for each family and each family support worker. Families are visited by the agency's professional case manager, and there are frequent conferences between the case manager and the family support worker so that family progress can be noted and reinforced, and problems can be identified and solutions explored at an early stage. Reassessments and revisions in the case plan take place on a scheduled basis and, as needed, between scheduled times.