



2022 AFFILIATION APPLICATION

This application begins the process by which sites are able to affiliate with Healthy Families America® (HFA). Following review of this application and communication with the applicant site, the HFA National Office will notify the site in writing of its decision. The HFA National Office at Prevent Child America is the sole entity with designation as HFA Model Developer. Only the HFA National Office is able to grant site affiliation status which occurs upon determination that the site is committed to the HFA critical elements and adherence to model fidelity through the accreditation process.

Should you have any questions about the application or need to submit your completed HFA Affiliation Application and Implementation Plan, please email Diana Sanchez at dsanchez@preventchildabuse.org.

A. GENERAL SITE INFORMATION

DATE: 03/23/2023

Program Manager (Primary Contact Person) Kim Tangermann
Host Agency/Address Lake County Health Services
Physical Site Address 922 Bevins Ct.
City Lakeport State CA Zip 95453
Telephone 707-263-1090 Fax 707-262-4280 E-mail Kim.Tangermann@lakecountyca.gov

Is your host organization accredited by COA? ☐ Yes ☒ No

Are you starting up a **new site** or **transitioning existing** home visiting services to the HFA model?

☒ New ☐ Existing

Is your site receiving **MIECHV** funds? ☐ Yes ☒ No

Is your funder requiring you to **serve families** using the Healthy Families model by a specific date?

☒ Yes ☐ No If yes, what is the date: 07/01/2023

Have you hired staff (program manager, supervisor, direct service staff)?

☐ Yes, we have all our staff.

☒ Yes, we have some staff, we do not yet have: CHN/PHN x 2, CHW x 1, Additional Hours Support Specialist

☐ We have not yet hired staff but plan to by: 07/01/2023

What **evidence informed parenting materials/curriculum** will you be using?

Child Welfare Model

☒ We are undecided about which parenting materials we will be purchasing and would like to discuss this with HFA. **MCAH parenting materials**



What will you be using to **collect data**?

- ☐ We will be using our existing data system (specify) (New) Persimmony
- ☐ We are considering the following option: CHVP - ETO Systems
- ☒ We would like to discuss data system options for maintaining records and generating program reports.

Have you decided on a local **Healthy Families site name**? If you have decided on a name which meets our guidelines (see [HFA Logo Creation Process](#)), please provide it here:

Healthy Families Affiliate - Family Outreach, Helping Families, Helping Children

☐ We have not decided on a name and would like to discuss the naming and branding of our site with HFA.

B. SITE DEMOGRAPHIC PROFILE

Select the site's **geographic service area** from the drop-down menu below:

Choose an item.

County Lake County

Other _____

Estimate the **percentage of families** served from each community type:

_____	% Urban community
_____	% Suburban community
<u>100</u>	% Rural community
_____	% Tribal community
_____	% Other (specify) _____

Estimate the **percentage of the following ethnic groups** that will be served by the site: 2020 Census

<u>3.1</u>	% American Indian/Alaskan Native
<u>1.4</u>	% Asian
<u>2.3</u>	% Black/African American
<u>21.0</u>	% Latino/Hispanic
<u>—</u>	% Middle Eastern/North African
<u>—</u>	% Native Hawaiian/Pacific Islander
<u>69.2</u>	% White (non-Hispanic)
<u>2.4</u>	% Multi-race/ethnicity
<u>—</u>	% Other race/ethnicity (specify) _____
<u>6.5</u>	% Unknown race/ethnicity



PLEASE NOTE: HEALTHY FAMILIES AMERICA HAS STANDARDIZED DEFINITIONS OF WHAT CONSTITUTES A SITE. IF YOU EXPAND OR CONTRACT YOUR GEOGRAPHIC SERVICE AREA, THIS MUST BE APPROVED BY HEALTHY FAMILIES AMERICA.

NUMBER OF FAMILIES

Please indicate the number of families you are projecting to serve annually: 40-60

STAFF INFORMATION

As described in the Implementation Plan, please remember Supervisor to Direct Service Staff ratios are 1:6 max, and preferably 1:5. Also, there must be FTE dedicated to the Program Manager role, even if it is not full time, in order to ensure sustainable program leadership and adequate support to staff. At an absolute minimum, we recommended .17 FTE for sites with less than 2.0 FTE Direct Service Staff.

Please indicate the **Full-Time Equivalent (FTE)** status for all budgeted staff (employed or contracted) to serve in the following Healthy Families roles:

.20 Program Manager/Site Coordinator
.50 Supervisor PHN

Direct Service Staff:

X Community Health Nurse 1/2 FTE, (N) 2 Various Nurses 1/2 FTE, Community Health Worker (N) 1 FTE
X Other: Contracts w/agencies, Grant writer, Easter Seals, CHW Trainer -- Health Programs Support Specialist 1 FTE

PLEASE NOTE: SITES WILL BE REQUIRED TO UPDATE HFA ON STAFFING CHANGES SUCH AS ADDING ADDITIONAL FTE'S OR REDUCING FTE'S OR IF YOU EXPAND SERVICES, AS THESE COMPONENTS IMPACT BILLING.

FINANCIAL DATA

Anticipated Total **Budget** for HFA for current year: \$ 470,000

List major funding sources and their percentage of the Total Income:

Source of Funding	% of Total Income
California Home Visitation Program	90%
Future Funding	10%

How many years is this funding **confirmed for**?

6 years

What is your **long-term funding sustainability strategy**?

Additional grants through foundations, other state funded programs, with emphasis on Public Health accreditations, with plans to bill Medicaid.



COLLABORATING AGENCIES

List agencies with which you have **active collaborative** relationships and type of collaboration:

Name Of Agency	Type of Collaboration*
Lake Family Resources	MCAH Advisory Board - monthly
Lake County Social Services - CWS	HVP Coordination Meetings
Lake County Behavior Health	
Mother Wise	
Easter Seals , First 5	

Tribal Health, Sutter Clinics, Mendocino Community Clinic, Adventist Health - F/U program

***TYPE OF COLLABORATION: CONSIDER AGENCIES YOU CURRENTLY HAVE PARTNERSHIPS WITH; AGENCIES WHO CAN PROVIDE RESOURCES TO YOUR FAMILIES, AGENCIES WHO WILL BE REFERRING FAMILIES TO YOUR PROGRAM, AGENCIES OR INDIVIDUALS WHO WILL SERVE AS ADVOCATES FOR YOUR PROGRAM; POTENTIAL COMMUNITY ADVISORY BOARD MEMBERS.**

List agencies which currently provide home visitation services in your proposed service area and how you plan to collaborate with each:

Lake Family Resources Center - Teen Moms	MCAH - Advisory Board
Tribal Health Services	HVP Collaboration Meeting
Easter Seals	(N) Health Families Advisory Board

Lake County Office of Education

CWS - Child Welfare

BUILDING RELATIONSHIPS IS AT THE HEART OF THE HFA MODEL. ESTABLISHING PARTNERSHIPS AND COLLABORATIONS WITH OTHER HOME VISITATION SERVICES IN YOUR AREA PROVIDES INCREASED ACCESS FOR FAMILIES AND THE COMMUNITY.

C. SITE LEGAL STATUS AND HFA CRITICAL ELEMENTS

Describe the **legal status** of the site or host agency, i.e., 501(c)3, public agency, etc.

Public Agency - Lake County Health Services



CRITICAL ELEMENTS

The Critical Elements serve as the twelve research-based standards defining the Healthy Families America® Model. Submission of a completed HFA Affiliation packet indicates a commitment to the policies, procedures, and practices within each Critical Element.

Critical Element #1:

Initiate services early, ideally during pregnancy.

Critical Element #2:

Sites use the validated Family Resilience and Opportunities for Growth (FROG) Scale to identify family strengths and concerns at the start of services.

Critical Element #3:

Offer services voluntarily and use personalized, family-centered outreach efforts to build trust with families.

Critical Element #4:

Offer services intensely and over the long-term with well-defined progress criteria and a process for increasing or decreasing intensity of service.

Critical Element #5:

Staff celebrate diversity and honor the dignity of families and colleagues by education and encouraging self and others, continuously striving to improve relationships. Sites work with others in their organization and community to identify and address existing barriers and increase access to services, especially for underrepresented groups in the community, confronting disparities caused by institutional racism and discrimination.

Critical Element #6:

Services focus on supporting the parent(s), as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development within a caring community.

Critical Element #7:

At a minimum, all families are 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 related to finances, food, housing assistance, school readiness, child care, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.

Critical Element #8:

Services are provided by staff in accordance with principles of ethical practice and with limited caseloads to ensure that Family Support Specialists have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.

Critical Element #9:

Service providers should be selected because of their personal characteristics, their lived expertise and knowledge of the community they serve, their ability to work with culturally diverse individuals and skills to do the job.

Critical Elements #10 & 11:

Service providers receive intensive training specific to their role to understand the key components of family assessment, home visiting, and supervision. All direct service staff and their supervisors receive basic training in areas such as prenatal and infant care, child safety and development, family health, parent-child



relationships, family goal setting, reporting child abuse, managing crisis situations, responding to mental health, substance use, or intimate partner violence issues. All staff including program managers, receive training on topics related to diversity and equity.

Critical Element #12:

Service providers receive ongoing, reflective supervision so they are able to develop realistic and effective plans to empower families.

Before submitting this application to Prevent Child Abuse America, please make sure you have:

- **Completed Parts A, B, C and D of the HFA Affiliation application**
 - *Please note Section D is the final page of this document and is a signature page.*
- **Obtained appropriate signatures on the statement of commitment to the HFA critical elements – Part D**
- **Prepared a written implementation plan using the HFA Implementation Plan template**
- **Contact staff at the PCA National Office for payment of the non-refundable \$500 application fee**

Completed Affiliation Application and Implementation Plan:

Must be submitted **electronically** to Diana Sanchez at dsanchez@preventchildabuse.org



D. PLEASE READ AND SIGN THE FOLLOWING STATEMENT OF COMMITMENT TO HFA AFFILIATION

The Lake County Health Services hereby signifies that it is committed
(name of host/lead organization)

to providing home visiting services to parents and their young children using the HFA model and applying the HFA critical elements (identified on pages 4 and 5) as the site's foundation for both policy and practice. If granted affiliation by the HFA National Office (including use of the "Healthy Families" name, logo and training), the site agrees to the following terms and terms detailed in the HFA Licensing Agreement:

1. Pay annual affiliation fees to the HFA National Office,
2. Provide site level data annually via HFAST (HFA Site Tracker data system),
3. Implement a data management system to track participant data and share aggregate information to the National Office, and
4. Begin the HFA Fidelity Assessment process by the one year anniversary of site operation (based upon the official date of affiliation). In addition, it is understood that completion of HFA Fidelity Assessment is necessary by the third anniversary (based on the official date of affiliation) in order to maintain affiliation with the HFA National Office.

Signature, Executive Director/President of Host Agency

Date

Please print or type name

Signature, Program Manager (if hired at time of application)

Date

Kim Tangermann

Please print or type name