

**HFA FOUNDATIONS for FAMILY SUPPORT CORE TRAINING (formerly ISHV):**

In-depth, formalized training which outlines the specific duties of the Family Support Specialist's role within Healthy Families and covers topics including, but not limited to: establishing and maintaining trust with families, completing necessary paperwork/documentation, the role of the Family Support Specialist, communication skills, and crisis intervention, etc. The trainer is certified by the HFA National Office and has been trained to train others.

Note: This term is used in 10-3

**HFA CORE SUPERVISOR TRAINING:**

In-depth, formalized training which outlines the specific duties of the supervisor's role within Healthy Families and covers topics including, but not limited to: the role of Family Resource Specialists and Family Support Specialists, administrative, clinical and reflective supervision, supervision session structure and content for all staff, reflective strategies for supervisors, and sample tools and forms to use for continuous quality improvement, etc. The trainer is certified by the HFA National Office and has been trained to train others.

Note: This term is used in 10-3

**HFA IMPLEMENTATION TRAINING:**

The HFA National Office provides this intensive three day in-person training to site and state leaders. Commonly referred to as HFA Boot Camp, Implementation training provides managers with details on the policy and practice expectations associated with model implementation, including each of the HFA Best Practice Standards.

Note: This term is used in 10-5

**HFAST:** This is the acronym for Healthy Families America Site Tracker (HFAST). HFAST is an online information and data system that allows for real time updates. Sites are required to communicate changes (demographics, personnel, etc.) on HFAST so that it remains updated. All sites will also complete their annual survey on HFAST.

Note: This term is used in GA-9.

**HOME VISIT:**

A face-to-face interaction that occurs between the family and the Family Support Specialist. The goal of the home visit is to promote positive parent-child interaction, healthy childhood growth and development, and enhance family functioning. Typically, home visits occur in the home, last a minimum of an hour and the child is present. Extenuating circumstances may occur where visits take place outside the home, be of slightly shorter duration than an hour, or occur with the child not present. These may be counted as a home visit only if the overall goals of a home visit and some of the focus areas (listed below) have been addressed. Also, in very limited, special situations such as when severe weather, natural disaster or community safety advisory impedes the ability to conduct a home visit with a family, a virtual home visit, via phone (skype, FaceTime or other video technology preferred), can be counted when documented on a home visit record and the goals of a home visit are met including some of the focus areas (below). Sites are permitted to count one group meeting per month as a home visit while families are on Level 1 or 1P, however to do so requires that a Family Support Specialist be present during the group meeting and that the group meeting be documented on a home visit note, including some aspects of CHEERS for that particular family (when the group includes parent-child interaction time). The site may also count one visit per month conducted by a multi-disciplinary team member (if with documentation to demonstrate the staff person received HFA Foundations for Family Support core (formerly ISHV) training and receives supervision consistent with 12-1 and 1-2 standards. The focus areas during home visits may include, but are not limited to:

**Promotion of positive parent-child interaction/attachment:**

- Development of healthy relationships with parent(s)
- Support of parental attachment to child(ren)
- Support of parent-child attachment
- Social-emotional relationship
- Support for parent role in promoting and guiding child development
- Parent-child play activities
- Support for parent-child goals, etc.

**Promotion of healthy childhood growth & development:**

- Child development milestones
- Child health & safety,
- Nutrition
- Parenting skills (discipline, weaning, etc.)
- Access to health care (well-child check-ups, immunizations)
- School readiness
- Linkage to appropriate early intervention services

**Enhancement of family functioning:**

- Trust-building and relationship development
- Strength-based strategies to support family well-being and improved self-sufficiency
- Identifying parental capacity and building on it
- Family goals
- Building protective factors
- Assessment tools
- Coping & problem-solving skills
- Stress management & self-care
- Home management & life skills
- Linkage to appropriate community resources (e.g., food stamps, employment, education)
- Access to health care
- Reduction of challenging issues (e.g., substance abuse, domestic violence)
- Reduction of social isolation
- Crisis management
- Advocacy

**IMMUNIZATION SCHEDULE:**

Immunization schedules follow different guidelines, depending upon the schedule adopted by the site/multi-site system. The American Academy of Pediatrics, the Centers for Disease Control, and most Departments of Public Health at the state level issue immunization schedules which spell out what immunizations a child should have and at what age. The CDC has an interactive immunization scheduler where child's name and birthdate can be entered and an individualized schedule created for printing. HFA expects its sites to follow one of these generally accepted immunization schedules, but does not recommend one schedule over another. However, if the state's schedule is used and it is without specific age requirements for immunizations between birth and 24 months, then the site will want to use the AAP or CDC schedule in order to calculate up-to-date status at 12 and 24 months in accordance with standards 7-2.B and C. Additionally, sites should be aware that in some states the ability for families to withdraw from immunizations due to personal beliefs may only be allowable until the child reaches school age, at which time all immunizations are required. Site staff will want to make parents aware if this is the case. Note: This term is used in 7-2.