



What does it mean to be a First Born Program?

If you are considering the First Born Program, this document provides basic information to determine if First Born is the right home visiting model for your program and your community.

VISION: First Born creates positive and meaningful family and community change.

MISSION: To encourage families to build strong relationships. The program provides quality training for home visitors and program leadership to ensure meaningful family and community outcomes.

Since 1997 First Born has built and refined an **evidence driven** program. Based on statistically significant improved health outcomes of First Born participants in a Randomized Control Trial conducted by RAND, this “promising practice” model is awaiting review by Maternal, Infant, and Early Childhood Home Visiting (MIECHV) to become a federally designated, evidence-based program.

First Born is a **community-based** program. Stakeholders from across the community support program implementation and invest in the success of home visiting in their community.

First Born focuses on three key outcome areas:

- Promoting child development and school readiness
- Reducing rates of child abuse and neglect
- Improving maternal and child health

The First Born approach focuses on the home visitor’s relationship with a family. This home visiting model:

- Recognizes relationships as the driving force behind all areas of development and learning.
- Provides family support through positive mutual relationships between parents and the home visitor.



- Focuses on the parent-child relationship as the foundation for healthy development.
- Acknowledges that early childhood experiences are the building blocks for success later in life.

First Born's guiding principles for Home Visitors:

1. Support is family-centered and responsive to family-created goals.
2. Relationships grow in a context of mutual respect. The home visitor and parent work together to achieve common goals.
3. Families are experts in their own life. Parents know whether recommendations and resources are the right fit for their needs.
4. The home visitor grows and learns alongside the family.

When you become a First Born Program, staff receive initial training from the model office. Home visitors complete the training with:

- **Knowledge:** Training for new home visitors covers 29 core competencies, including pregnancy, birth, infant and child development, attuned communication, empathy, health, nutrition and safety.
- **Skills:** Staff understand key strategies for effective home visiting. Staff learn how to use motivation and relationship building to support parental success. Trained home visitors implement coaching and mentoring strategies to build on parental strengths and increase family resilience.
- **Experience:** Training with model videos and current home visitors prepare new staff to

Who does First Born serve?

A community can choose to serve all families with children under 3 in their community using the First Born Core Curricula or function as a traditional First Born program and serve only first-time parents who meet the following criteria:

- Enroll during pregnancy, or before their child is 2 months old (based on due date, so a child who is born at 32 weeks can enroll until she is 4-months-old. This gives families time to come home from the NICU and still participate in the program).
- A family that is having a second baby, but their first is over 12 years old.
- A family where at least one parent is a first-time parent, as long as that parent participates in visits.

Data collected and reported regarding First Born program outcomes is based on families who meet First Born eligibility requirements.

The First Born program is intended to serve all families in a community, regardless of income or “risk.” This is based on the understanding that the transition to parenthood is challenging, regardless of income, marital status, age or education level.

Curriculum

All First Born programs utilize the three First Born Core Curricula—Prenatal, First Year and Toddler Years. Curriculum content is reviewed by a pediatrician, mental health professional and nutritionist. The curriculum meets the needs of families with different backgrounds and is available in English and Spanish.



Collaboration with the medical community and building partnerships

The First Born Program establishes a close relationship with the medical community. Home visitors and medical providers work collaboratively to support healthy outcomes for families. Local hospitals and doctors are primary referral sources for the program. First Born staff participate on local boards and councils that serve children, women and families. The embedded nature of First Born is a unique feature, building relationships across programs serving families with young children in a community.

Data

The First Born model gathers information to evaluate outcomes. First Born programs operating in New Mexico use the statewide data system. Programs outside the state of New Mexico use a database purchased and funded by the First Born model office. Data is reported quarterly and culminates in a report at the end of each calendar year. This report shows aggregate data for all programs. It is printed and disseminated to local programs for use with their outreach materials. The Annual Report is ready each year before the January legislative session to share home visiting successes with legislators and garner legislative support for home visiting programs.

Pathways to implementation

Not all programs are ready to implement the program according to all 9 Essential Elements. The First Born Program is responsive to community needs and offers 3 implementation levels:

Tier 1 —Programs implement the First Born program using the core curriculum with staff fully trained in the First Born model.

Tier 2 —Programs implement the First Born program using the core curriculum with staff fully trained in the First Born model and adhering to some of the First Born Essential Elements.

Tier 3 —Programs implement core curriculum with staff fully trained in the model and adhering to all nine Essential Elements.

Fee Structure

The First Born vision offers a model that is affordable and easy to implement. The low annual licensing fee allows programs to focus most of their dollars on supporting program implementation and staff salaries:

| Number of Families Served | Annual Licensing Fee |
|---------------------------|----------------------|
| 0 – 99 | \$1,500 |
| 100 – 199 | \$2,500 |
| 200 – 299 | \$3,500 |
| 300 – 399 | \$4,500 |
| 400 – 499 | \$5,500 |
| 500 – 599 | \$6,500 |
| 600 + | \$7,500 |

Program Agreements and Licensing Fees renew on July 1st. A program can join First Born at any time during the year and prorate the first year's fee.

What you can expect to receive as a First Born program

- All home visitors receive initial and ongoing training in the 29 Core Competencies.
- Program managers receive training in the basics of home visiting. They also learn how to maintain a successful program through reflective supervision, training for new staff, documentation and data collection, program evaluation and raising funds for ongoing operations.
- A quarterly program managers meeting to support networking between First Born sites.

29 Core Competencies

1. Philosophy/Guiding Principles/Best Practices
2. Communication and Relationship Building
3. Cultural Humility
4. Adult Learning
5. Problem Solving
6. Managing Home Visits
7. Documentation
8. Safety
9. Coping with Stress
10. Prenatal Home Visits
11. Birth and Post-Partum
12. Breastfeeding
13. Infant Nutrition
14. Immunizations
15. Infant Care
16. Pediatric Concerns
17. Infant and Toddler Growth and Development
18. Depression and Suicide
19. Parenting
20. Smoking
21. Family Planning
22. Domestic Violence
23. Substance Abuse
24. Child Abuse and Neglect
25. Human Services Department
26. Community Resources
27. Immigration
28. Poverty
29. CPR—training and certification to be provided by individual program



Training in the first 28 core competencies occurs via an online platform. Summary sessions with trainers from the model office incorporate in-person and video meetings. Staff can train through the First Born model office or through the Santa Fe Community College credit-bearing Community Health Worker/Home Visitation Specialty course to earn 10.5 higher education credits.

Training timeline—you can expect a new home visitor, with little to no prior experience, to be fully trained in 3–4 weeks. The initial online portion of the training should take approximately 26 hours, with 6–10 hours of follow up material for those wanting a deeper dive. Training agendas and protocols are available for program managers to follow.

- To strengthen skills and ensure high quality implementation staff receive ongoing training through annual site based refresher events.
- As funding is available, staff will have access to special Santa Fe Community College training opportunities.
- First Born staff receive ongoing training and professional development through annual refresher trainings at their local site.
- Program staff have access to quarterly statewide Q & A calls with Director.
- Established programs have the chance to participate in research opportunities as they are available.

To Learn More, visit our website:

FirstBornProgram.org

The SFCC First Born office is part of the SFCC
Early Childhood Center of Excellence

