

Healthy Families Steuben

ANNUAL SERVICE REVIEW

Contract Year

July 1, 2015 – June 30, 2016



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**Healthy Families Steuben
ANNUAL SERVICE REVIEW
7/1/15 – 6/30/16**

INTRODUCTION

Healthy Families Steuben (HFS) provides support and education to new and expectant parents in Steuben County. It is part of the Healthy Families New York Home Visiting Program through the New York State Office of Children and Family Services. The program is provided locally by Catholic Charities of Steuben and the Institute for Human Services.

In an effort to appropriately serve the families of HFS in the most effective manner, a service review is completed on an annual basis. This review includes a summary of the program's cultural competence, program acceptance rate, retention rate, and personnel turnover. This review is submitted to the Healthy Families Staff, the Catholic Charities of Steuben and Institute for Human Services Boards of Directors, and the Healthy Families Advisory Council (Advisory Board for Kinship Family and Youth Services). It is also sent to New York State Office of Children and Family Services as an annual report. Unless otherwise noted, the information reflects program activities from July 1, 2015 until June 30, 2016.

CULTURAL COMPETENCY REVIEW

1. The Initial Assessment Process Criteria

- HFS will maintain an up-to-date demographic description of Steuben County including the number of births per year, number of childbearing women, and race/ethnicity/linguistic/cultural characteristics of the population.
- HFS will maintain an annual description of the cultural, ethnic, racial, and linguistic characteristics of all families being served.
- Family assessments are conducted by the Family Assessment Workers (FAWs), known as Family Resource Specialists at the local level. This is done through the screening of all referrals from our various referral sources. Families who score positive on the screening tool will be offered an assessment by one of the FAWs. HFS will offer uniform assessments to all positive screens regardless of the individual's race, age, ethnicity, income, nationality or language. Formal and informal agreements have been developed with sufficient referral sources and other community

entities to allow HFS to reach the families of Steuben County in order to determine their need for service.

- HFS maintains awareness of agencies able to provide services such as a translator or adaptive equipment should it be necessary to complete an assessment or provide services to individuals who speak a language other than English or have other non-traditional communication needs.
- When possible, all initial contact and consent forms will be made available in the language of the family being assessed.

2014-15 Initial Assessment Process Narrative

- Steuben County is a geographically large, rural community covering 1,409 square miles. It is located in the Western, Finger Lakes region of New York. The US Census estimated in 2014 that the population of Steuben County is 98,394.
- According to the 2010 Census, the population of Steuben County is: 94.1% Caucasian, 1.5% African-American, .2% Native American, 1.2% Asian, 1.4% Hispanic, and 1.3% identifying with two or more races.
- English is the major language spoken in Steuben County.
- According to 2014 NYS DOH statistics, there are approximately 17,112 women of childbearing age in the county.
- According to 2014 NYS DOH statistics, there were 1,074 live births for Steuben County. 532 of them were reported as Medicaid births.
- According to 2010 census estimates, 15% of individuals in Steuben County are living below the poverty level. The median household income is \$44,967. According to the 2014 Kids' Wellbeing Indicators Clearinghouse, 24.1% of children under the age of seventeen live below the poverty level.
- In Steuben County, the infant death (deaths under 1 year of age) rate per 1000 was 8.4 in 2014. The NYS rate was 4.5. The NYS rate excluding New York City was 5.0.
- In 2014, the teen-age pregnancy rate per 1000 was 32.4. The NYS rate is 33.2. The NYS rate excluding New York City was only 24.
- According to the New York State Department of Labor, Steuben County's unemployment rate in April 2016 was 6.1%. The New York State rate was 4.6 %.
- The service population is all of Steuben County.
- The target population for HFS is any parent identified as overburdened and who is expecting or has a newborn in the home (less than 3 months of age).
- Issues identified through the uniformly administered Kempe Assessment by families at intake include resource issues, mental health, social isolation, and other stressors.

- A total of 239 families participated in the program between 7/1/15 and 6/30/16. There are no significant changes in family demographics from the last contract year.

The family characteristics are as follows:

Race:

- ✓ 96% White
- ✓ 1% African American
- ✓ 2% Hispanic
- ✓ 1% Other

PC1's Age at Intake:

- 5% under 18 years
- 17% 18 up to 20
- 65% 20 up to 30
- 13% over 30

Marital Status & Family Composition:

- 22% of the Primary Caretaker 1s (PC1) are married.
- 76% live with the father of the baby.
- 8% have other support/partner in the home.
- 70% were first time mothers at enrollment.

Employment and Education:

- ❖ 29% of the PC1s were employed at intake.
- ❖ 42% of the PC2s were employed at intake.
- ❖ 26% of the PC1s or PC2s were in an education /training program at intake.

Families Receiving Public Benefits at intake:

- ◆ 89% of the PC1s were on Medicaid.
 - ◆ 42% received food stamps.
 - ◆ 13% received TANF.
 - ◆ 74% were TANF eligible.
- HFS has formal and informal agreements with numerous health care providers and community agencies in order to receive referrals. We receive referrals from Corning Hospital. St. James Mercy Hospital stopped delivering babies in May of 2015 and Corning Hospital now has

the only maternity department within the county. Referrals are received by the MOMS programs in the county, and some area medical providers including OB/GYNs, family practitioners and pediatricians. Also, we receive referrals from many community agencies including DSS, WIC, Planned Parenthood, TASA, and Head Start. All schools and colleges in the target area have received information regarding the program. We receive many self-referrals from people who have friends or family previously in the program. There are also three “out of county” hospitals that the FAWs contact regarding referrals. This year we became involved in a community initiative with United Way, ProAction, Public Health, and Early Head Start tentatively called the Maternal Infant Health Project. The purpose of this project is to increase efforts to receive screens on all families giving birth in Steuben County and connect them to at least one of early childhood home visiting programs available in our county. We have found that the number of screens received has actually decreased since starting this initiative, but we are hoping they will increase as we improve the process. We also hope that although the number of screens we receive may decrease, the screens we do receive will be more appropriate and likely to accept the program. We are not far enough into the project to determine if this is the case.

- ◆ This year we received a total of 592 screens from our community partners. This is a decrease from the 664 screens we received last contract year. 541 of the screens were unduplicated indicating that the program received screens on 50% of Steuben County births.
- ◆ 95% of the screens we received were for Medicaid births. This is an increase from 84% last year.

The two Family Assessment Workers (1 FTE) meet regularly with their supervisors to discuss ways to continue to increase the number of screens. The plan is as follows:

- Staff will continue to work with our referral sources to maintain/increase the screens received. FAWs will continue to make weekly visits to our largest referral sources. FAWs will also make regular visits to all other regular referral sources. Periodically, a small treat, such as cookies or donuts, is taken out to referral sources as a show of appreciation.
- Memoranda of Understanding are in place with our main referral sources.
- We initially noted a decrease in screens from the northern part of our county where St. James Mercy Hospital has stopped delivering babies. We have determined that many families are giving birth at out of county hospitals, specifically Noyes in Dansville and Jones in Wellsville. We are making regular contact with these hospitals and the OB-GYNs who deliver

there and have just started to see referrals come in from these areas. We also have made efforts to strengthen the relationship with Arnot-Ogden Hospital in Chemung County as some Steuben families deliver there.

- We have strengthened our relationship with our local WIC program this year as we work collaboratively through the Steuben County Breastfeeding Coalition to increase the breastfeeding rates in our county. Also, our FAWs have recently been allowed to be present at WIC clinics to introduce the program to prospective participants.
- Staff will continue to provide presentations on the program to various community groups, including potentially new referral sources, in an effort to educate and generate interest in the program. FAWs will provide periodic presentations at existing referral sources to keep new staff apprised of the program and continue good working relationships with these sources. We also participate at several community health fairs throughout the year.
- Program staff sits on many committees and collaborations in the community strengthening relationships with existing and potential referral sources.
- The program continues to strive to enroll families prenatally whenever possible. 63% of families enrolled in the 2015-16 contract year were prenatal. We continue to make prenatal enrollment a priority and are always looking for new ways to encourage it.
- We provide a small incentive to families who refer expectant friends and family to the program.
- We do a periodic drawing for a Healthy Families Steuben diaper bag picked from recent screens/surveys.
- We maintain a program Facebook page to increase community awareness of the program and provide information to families.
- We offer many specialized classes throughout the community to generate interest in our program. Some examples are breastfeeding support groups, Itsy Bitsy Yoga, Kindermusik, early literacy groups, and Infant Massage. We maintain good relationships with all of the Family Resource Centers in our community and often hold our classes there.
- We continue to maintain “Bright Red Bookshelves” in area doctor’s offices. This initiative is with the “Read to Me Steuben” Family Literacy Project. The bookshelves contain books that visiting children can take with them to keep. Healthy Families Steuben staff collects donations and keeps the

bookshelves stocked. This helps us maintain a friendly presence in area doctor's offices.

- We will continue to incorporate the websites and Facebook page associated with Healthy Families into our promotional material.
- All HFS staff speak English, the primary language of our community. No one on the staff is bi-lingual. We keep informed of area interpreters for when the need arises. These interpreters basically hail from our area colleges and hospitals. We have also successfully used translation cell phone apps to aid in communication.
- At the time of the assessment, the only required form for participants to view or sign is the Consent to Conduct an Assessment. Families may also be asked to sign an authorization for future contact with HFS if they wish to receive more information on HFS home visiting or other area resources. These forms are available in English. Forms are sometimes read by the FAW to accommodate families who have difficulty reading.

2. Service Planning Process Criteria

- HFS will maintain a description of the cultural, ethnic, racial, and linguistic characteristics of current personnel.
- Whenever possible, program participants are assigned to a Family Support Worker on the basis of cultural background, language and other cultural factors.

2015-16 Service Planning Process Narrative

During the 2015-16 contract year, there were 14 funded staff positions at Healthy Families Steuben. The staff consisted of one Program Manager, three Supervisors, one Family Assessment Workers (locally called Family Resource Specialists), and nine Family Support Workers. In addition, our Data Manager remains housed under our lead agency. At the end of the contract year, we had one open Family Support Worker position.

- Self-reported demographic data of current HFS staff indicates that:

100% are White (non-Hispanic)
0% are African-American
0% are Hispanic
0% are Bi-Racial

All HFS staff speak English, the primary language spoken in Steuben County.

The average age of staff is 47 years old.

Education/Training- Highest Grade Completed:

- 3 High School Graduates
- 3 Some College Courses
- 3 Associate Degrees
- 3 Bachelor Degrees
- 1 Master's Degree
- 12 staff members have their Family Development Credential.

Year Present Staff Hired:

- 1995- 3
- 1997- 1
- 2000- 2
- 2001- 1
- 2004- 1
- 2006- 1
- 2007- 1
- 2008 -1
- 2009- 1
- 2015 -1

Other demographics:

- Twelve staff live within Steuben County.
- All staff are parents.
- Twelve of our staff have been with the program for 5 years or more, with nine of those with the program for over 10 years. Three staff members have been with the program for over 20 years.
- Currently, all staff members are female.

The FSW Supervisors assign program participants to an FSW following a review of the completed Kempe Packet. When assigning a case to an FSW, the Supervisor takes into consideration the race, ethnicity, age, linguistic needs, and any other characteristics noted by the FAW that they feel are important for the FSW Supervisor to know. Also taken into consideration are the location of where the family is residing and the case weights of the FSWs. Because the Supervisor is aware of the individual strengths of each FSW and the information from the assessment, she endeavors to make the best match. However, this does not mean that there is an absolute culture or ethnic match. For example, a mother in her twenties may not always be matched with a worker in her twenties. Once an assignment is made, if it does not appear to be a good match, the Supervisor can

reassign the family to another FSW. The Supervisor then follows up with the family to assist in the transition.

3. Service Delivery Criteria

- HFS regularly evaluates whether its services are accommodating the cultural needs of the community and utilizing cultural and family strengths.
- All program materials, including brochures, curriculum, handouts, and program forms will be participant centered and culturally appropriate.
- Each HFS staff will be required to complete training related to cultural sensitivity and characteristics unique to the service population on an ongoing basis.

2015-16 Service Delivery Narrative

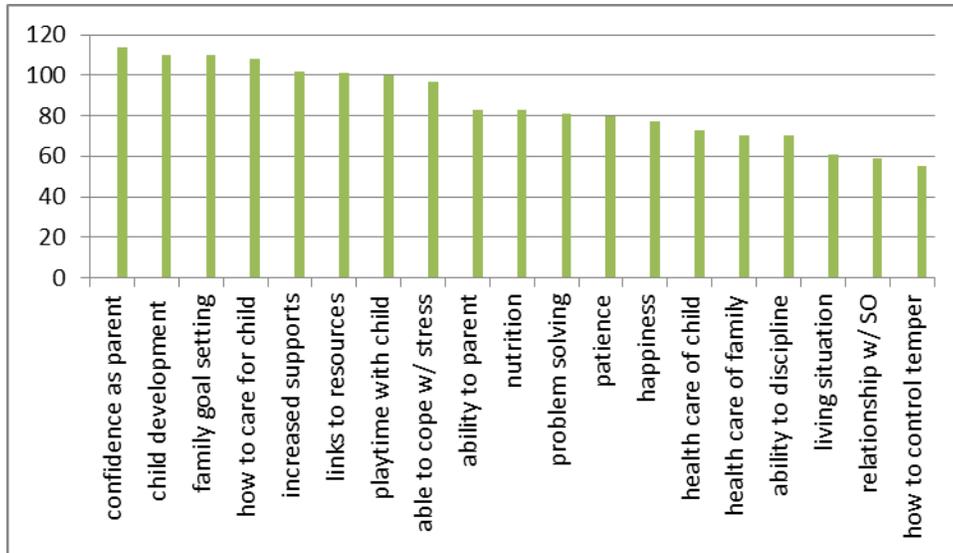
- In weekly case supervision, Supervisors provide collaborative and reflective support. They advise on adaptations to services to address the unique nature of individual families, preferences, methods of seeking assistance, and help the FSW maintain a cultural awareness. Emphasis is placed on helping the worker identify strengths in the family and building on those strengths and eliminating barriers that might prohibit access to services. All staff received regular and protected supervision this year in excess of the 75% completed supervision requirement. In 2015-16, we averaged a completed supervision rate of 88%.
- Participant Satisfaction Surveys are conducted at least once a year, giving families an opportunity to give feedback on the quality of services. As in the past, the only consistent requests from the participants are for our workers to visit more frequently.
- HFS program materials for the target population and the general public are participant centered. This includes program brochures, program forms, educational handouts, and curricula used. To make them participant centered, the program has insured that all materials include pictures that represent the cultural makeup of our target population and that forms and curricula are available in a variety of literacy levels.
- Each HFS staff receives training regarding the role of culture in parenting within the first six months of hire. Ongoing training is offered on cultural awareness, including the culture of poverty. At a minimum, this occurs on an annual basis. Many of our families are low income and approximately 74% were below the 200% poverty level at enrollment. Resources, such as books and videos, are also made available for staff to use to address various cultural issues.

Opportunities for Family Input Criteria

- Participant Satisfaction Surveys are administered either by mail or phone contact to families at least once per year. The summaries are collected and summarized. Any areas identified as needing improvement are discussed with the entire HFS Administration team and a plan of action is developed for implementing change. In addition, surveys are conducted when workers change and when families exit the program.
- Separate surveys are conducted once a year to gain families' input specifically related to the program's cultural competence.
- At least once a year, the Program Manager attends an event in each community. All families are invited to provide feedback on the program.
- The Supervisors also conduct random phone surveys throughout the year.
- Families are encouraged at intake to contact Supervisors anytime they have feedback or a concern arises.

2015-16 Opportunities for Family Input Narrative

- Participant Satisfaction Surveys are administered by paper form to families at least once per year. In early 2011, we added the option for families to complete the surveys on-line but have found that very few families are currently taking advantage of this option. The surveys are collected and collated. Any areas identified as needing improvement are discussed with the entire HFS Administrative team and a plan of action is developed for implementing change. In addition, surveys are conducted when workers change and when families exit the program. In 2015-16, we received 138 completed participant surveys back. 86% of the respondents felt the services were *extremely* helpful to their family with the rest of the respondents reporting the program has been helpful. 99% of families would recommend the program to someone they knew. 100% responded that their worker respects the culture of their family and their community, and treats them with respect and consideration. The top five worker characteristics identified by families were good listener, respectful, understanding, encouraging, and supportive. Respondents were also asked to identify the areas of their lives that have improved due to the program. The top three improvements reported were knowledge of child development, increased confidence as parents, and achievement of their goals. The most common improvements reported by participants are illustrated in the chart on the following page.



- Separate surveys are conducted once a year to gain families' input specifically related to the program's cultural competence. The cultural competency surveys were distributed and collected in the spring of 2016. Surveys were distributed to families currently enrolled in the program for at least three months. We received 100 surveys back. The results of this survey showed that the program is doing very well in the area of cultural competence. 100% strongly agree that their home visitor treats them in a respectful manner. 100% strongly agree that their home visitor accepts the family as the ultimate decision makers regarding the well-being of their family and the services they receive. 100% of the respondents agree that their home visitor accepts and respects all members of their family. 100% of respondents feel they are understood and that the communications they receive from HFS are respectful and relevant to their culture. Currently, two of our families do not speak English as their primary language. Their support workers report that they are able to communicate effectively with these families by using other family members as a resource, using translation computer applications, and using easy to understand curricula with pictures. One worker added that she uses many "hands on" activities to help instruct the family.
- At least once a year, the Program Manager makes herself available in each community and encourages families to provide feedback on the program. As always, this informal feedback was all very positive in 2015-16. Families expressed satisfaction with program materials and home visiting services. In general, families expressed appreciation for having someone to talk to about their children and getting good information that they may not have gotten otherwise. Some families wished that we did not cut back visits as their children grew older and that the program was available in other areas where they or their family lived.

- The Supervisors also conduct random phone surveys throughout the year. These phone calls take place once per worker per month. Families are encouraged at intake to contact Supervisors anytime they have feedback or a concern arises.
- As finances allow, resources are purchased based on the needs of the families and staff. This year, access was purchased for the Parents as Teachers 3-5 year old curriculum.

4. Opportunities for Staff Input Criteria

- Staff input is important to our program. Staff members are offered opportunities on an ongoing basis to provide feedback and offer ideas for program development, services and materials. There are several opportunities for staff to provide this feedback including site meetings, program wide staff meetings, supervision time, and annual performance evaluations.
- Staff is surveyed formally once a year to gain their input related to the program's cultural competence and their job satisfaction.

2015-16 Opportunities for Staff Input Narrative

- HFS program staff has many opportunities for input, both formally and informally. Staff feedback is encouraged during weekly supervision, at site and program staff meetings, performance evaluations, and on an ongoing basis. When ideas from staff are brought to any of the Administrative team members, they are considered.
- Many decisions on what resources the program purchases are based on needs that direct service staff expresses around specific issues in their work with families.
- Staff is surveyed periodically regarding their training needs. These surveys are conducted both locally and statewide. The program tries to meet as many of these requests as possible. This year's staff satisfaction survey revealed requests for trainings on time management and engaging fathers.
- A survey is annually distributed to obtain staff input regarding the program's cultural competence and staff job satisfaction. This survey was conducted in the spring of 2016 and was completed by 13 out of 13 staff members. According to this survey, staff agreed that :
 - All staff finds their job personally rewarding to them.
 - All staff is confident in their ability to effectively serve our participants and feel they have adequate resources available to them.
 - The program and staff are interested in, and supportive of, cultural diversity within the program.

- The program provides adequate training regarding the cultures of the families served, staff, community and the interaction among them.
- The staff understands and respects the communication and other behavioral implications of different families' culture.
- The staff is encouraged to openly discuss cultural differences and influences.
- The program values family feedback on its services and its cultural competency.

On a scale of one to ten (ten being highest), the average staff rating of the current cultural competence of the program was 9.

As a strategy to reduce staff turnover, improve services, and foster professional development, Catholic Charities of Steuben periodically administers an insight survey to all staff containing a myriad of questions about job satisfaction, communication, working conditions, policies, quality, and supervision every few years. The Healthy Families Steuben program participated in this agency survey in the spring of 2016. We are currently awaiting the results.

5. Opportunities for Community Input Criteria

- The members of the HFS Advisory Council, the Catholic Charities of Steuben Board, and the Institute for Human Services Board review the Annual Service Review. They also receive regular updates on the program's performance. Any feedback and suggestions for improvement will be reported in the next contract year's first quarterly report.

2015-16 Opportunities for Community Input Narrative

- ◆ The Kinship Family and Youth Services Advisory Board provides guidance and support to the children and family programs of the agency, including Healthy Families Steuben. The Advisory Board is made up of our community partners and feedback is encouraged. This group meets quarterly and the HFS Program Manager provides an update of the program's outcomes and accomplishments at each meeting.
- ◆ HFS services are provided through a collaboration of two community agencies, Catholic Charities of Steuben and the Institute for Human Services. Both agencies have boards that are comprised of community members. Both boards are kept apprised of HFS services and outcomes and their feedback is encouraged. Program Manager is notified of any feedback by the respective executive director.
- ◆ Various staff members make program presentations to a variety of community entities throughout the year. They encourage feedback during presentations. This feedback is shared with Administrative staff.

PROGRAM ACCEPTANCE RATE

On a regular basis, the Program Manager monitors the acceptance rates and discusses plans for improving the rate with staff as needed. We think of our acceptance rate as the number of families with a positive Kempe assessment who actually enroll in the program. Out of a total of 93 positive Kempe assessments completed, 72 families, or 77%, actually enrolled in the program. This is an increase over a 65% acceptance/enrollment rate last year.

Of the families not enrolling, reasons stated are:

- 47% refused services or were unresponsive (down from 54% last year)
- 31% had the target child age out
- 6% were unavailable due to school, employment, or other commitments
- 6% had family members object to the program
- 5% were unable to be located
- 5% were transferred to another Healthy Families program

Data was collected related to families who accept services vs. those who refuse. An analysis of the 2015-16 data finds that:

- Mothers in their twenties were more likely to accept services than refuse.
- Those without a high school education were more likely to accept.
- Married families were more likely to accept the program. In the past, non-married families were more likely to accept the program.
- Most families entered services in their second trimester of pregnancy or postnatally.
- Contrary to past years, employment seems to not have an impact on whether or not a family accepts services.

The Kempe assessment measures factors that contribute to stress in families. A score of 25 or higher is required for eligibility into the program and the higher the score, the more factors leading to stress are present. By looking at the Kempe scores for those assessed by our program in 2015-16 below, we see that Kempe scores do not have a significant impact on whether families enroll or don't enroll.

Kempe Score	Enrolled in Program	Did Not Enroll in Program
25-49	57%	53%
50-74	38%	42%
75+	6%	5%

Family Assessment Workers stated that it is sometimes difficult to know why families truly do not accept an assessment visit or enroll in the home visiting program as they often will just not respond to our attempts to contact them. The most often stated reason is that they do not want to commit to regular home visits due to the demands of school or employment, or other services they are involved in. Others believe they “don’t need” services as they have other children and know enough about parenting or they already have enough support. Sometimes a family will say they don’t want to take the program space away from families who “really need it”. Once in a while a family will not want our services due to negative experiences they have had with other services. Our Family Assessment Workers also report that as time goes on, it seems like there are more and more families out there who have already received our services. They often receive screens on families who have already been in our program. We do re-evaluate a family’s need even if they have been in the program before and may make exceptions for a change in circumstances. For instance, if the mother has been in the program before but is with a different partner who has not received services but would like to, we would consider re-enrolling the family.

All team members play a role in increasing the likelihood of a family accepting services. The program will attempt to maintain or further increase the assessment and acceptance rates by continuing current practices of:

- ◆ Contacting families as soon as possible after their assessment. If a staffing problem occurs, Supervisor or FAW will make phone and home visit contacts with families while waiting for a worker to be assigned.
- ◆ Being conscious of the time that elapses between screen, assessment, and enrollment. We are always trying to reduce the number of days in order to keep families engaged.
- ◆ Workers will employ various communication strategies to contact families, e.g. phone calls, text messages, letters, etc.
- ◆ Workers will take out useful information for parents and a small gift, if possible. Workers will communicate with families in a friendly, positive, and respectful manner.
- ◆ Workers will show genuine interest in each member of the family present at assessment and subsequent visits.
- ◆ The program will continue to ensure that FAW has submitted all completed Kempe packets within an acceptable timeframe.
- ◆ If families seem reluctant to enroll, workers will encourage them to at least give the program a try, reminding families that they may make the decision to end services down the road.
- ◆ Reluctant families may also be offered a “trial run” of the program and be asked to accept one or two home visits prior to becoming enrolled in order to get the flavor of the program.

- ◆ Continue to offer assessments and home visits at flexible times to accommodate working families.
- ◆ Continue to strive to offer services prenatally and use specific strategies developed through the early enrollment pilot.
- ◆ Continue to attempt to engage fathers in the assessment process and home visits. Offer to schedule assessments and home visits at a time when father can be present and take out materials that are specifically for dads.
- ◆ Workers will bring out sample curriculum to show families specifically what information will be reviewed during home visits. This will include a wide variety of resources so families will feel that there is always something new to be learned.
- ◆ The program will continue to use a variety of ideas and resources to engage and retain families. When appropriate, postcards and informational packets will continue to be sent to families who are not yet ready to accept the program.
- ◆ FAWs and FSWs will clearly state the role of the program and reinforce that the program is voluntary.
- ◆ Workers will continue to explain to families that they will be setting their own goals for what they wish to get out of the program and that they have a voice as far as the services they receive.
- ◆ Workers will individualize their presentation of the program as much as possible according to the family's needs, i.e., the worker may highlight what the benefits of the program would be specifically for a family with a premature baby, or a mother who is having difficulty breastfeeding.
- ◆ Workers will share with prospective parents what participating families enjoy about the program based on verbal and participant survey feedback.
- ◆ Staff will participate in program and state quality assurance observations of FAW and FSW workers to ensure assessments and home visits are being conducted in a positive, attractive manner and to get suggestions for enhancing the process.
- ◆ When needed, Program Manager will discuss program acceptance with Advisory Council and ask for suggestions.
- ◆ Staff will network with other Healthy Families programs to learn of ways they have successfully engaged families.
- ◆ Appropriate staff will participate in advanced Family Assessment Worker and Family Support Worker development and training opportunities offered by the State in order to glean new ideas.
- ◆ Staff will share ideas regarding engagement at team meetings.
- ◆ The FAW will introduce the FSW to new families whenever difficulties in engagement arise. The FAW has already established a relationship with the family and the family has already said they are interested in home visiting services. If practical and if consent is present, the referral source may also be contacted to facilitate engagement.

- ◆ When families refuse either the assessment interview or home visiting when offered, the FAW/FSW will complete the state data form stating why engagement efforts were terminated. Reasons collected will be as specific as possible. The information will be compiled and analyzed by the FAW/Administrative team.
- ◆ Workers will stress that the program keeps current on child rearing issues and research as there may have been changes since they had previous children.
- ◆ Workers will present the program as a connector to other area services the family may need.
- ◆ Workers will shadow each other in an effort to gain insight into style differences. Supervisors will also conduct periodic assessment and home visit observations to support consistent quality services.
- ◆ Workers may invite family to available parent support groups and give calendar whether they accept program or not. Family may attend group, enjoy it, meet participating families and change their mind about services before target child has aged out.
- ◆ Team will be mindful of taking out resources specifically for fathers at time of assessment and home visits.
- ◆ Workers will share unique program offerings with prospective families, such as photographing, videotaping, infant massage, Itsy Bitsy Yoga, Certified Lactation Counselors, car seat technicians, and Parents as Teachers curriculum.
- ◆ Supervisors will send out a card to families after assessment to welcome them into the program, tell them who their worker will be, and let them know they can contact the Supervisor should issues arise at any time during program involvement.

PROGRAM RETENTION RATE

Healthy Families Steuben consistently does well in retaining their families and the past contract year was no exception. As of 6/30/16, 68% of our current families had been in the program for a year or more and 46% had been in the program for two years or more. We continue to exceed the state target of 50% at the one year mark.

In 2015-16, we had 23 families successfully complete the program.

Of the 78 families leaving the program during the year:

- ✓ 30% completed the program
- ✓ 23% moved out of geographic area
- ✓ 23% became unresponsive or unable to locate
- ✓ 8% lost custody of their child
- ✓ 6% became unavailable due to school or work
- ✓ 4% opted out of the program
- ✓ 3% were transferred to another Healthy Families program
- ✓ 1% refused transfer to a new worker
- ✓ 1% safety of worker became a concern
- ✓ 1% tc died (congenital health condition)

Our plan to continually improve on retention includes:

- Providing staff with ongoing opportunities for development and support in order to provide quality services to families and minimize staff turnover. Along with this, the agency and program will continue to look for opportunities to keep employee salaries and benefits competitive.
- Continue to schedule appointments at the convenience of the family in an effort to accommodate other commitments such as work or school.
- Agency phones with texting capabilities have made it easier to communicate with some participants, and have cut down on the time it takes to schedule appointments.
- Make best effort to match families and workers together to ensure optimal partnership.
- Consistently employ practice of having enjoyable activities at first few visits and spreading required paperwork over first month of visits.
- Update individualized family service plans frequently to ensure that the program is supporting families in the areas they wish to improve upon and offering welcome materials.
- Personalizing home visits for each family as much as possible as far as interests, preferences, and learning styles.
- Some workers have started using scrapbooking activities with their families to inspire bonding and family sharing.
- Workers have found that families appreciate regular crafts that mark their children's growth and encourage parent child interaction. An example would be a craft based around baby's footprint or handprint.
- Continually let families know they are valued and their input is welcome.
- Encourage families to plan their own home visits.
- Balance home visits with information and fun, hands-on activities.
- Be consistent with home visits and follow through with what you have told the families they can expect.
- Maintain mutually respectful relationship with families.
- Strive to continually improve techniques such as motivational interviewing in order to truly empower families in creating and achieving goals.

- Gain as much insight as possible about why families disengage (both at the individual and program levels) while still honoring families' decisions to voluntarily leave the program.
- Meet with families as soon as possible after assessment in order to continue engagement.
- When a family shows signs of disengagement, ensure that creative outreach efforts continue for at least three months or until family refuses the program.
- Facilitate transfers to other healthy families programs if a family is moving to an area where a Healthy Families program exists.
- Continue to serve the family if the target child moves into another's care and all parties are agreeable. For instance, if a grandparent assumes custody of a target child, we will continue to provide services if the grandparent consents.
- Have families sign service contracts at the start of services to clarify expectations of family.
- Offer small incentives (e.g. candy bars, lotions) to families for achievements such as keeping appointments consistently or breastfeeding a certain amount of time.
- Collaborate with other grants and programs so we can offer more to our families. This year, through Read to Me Steuben and the Innovations in Literacy programs, we have been able to frequently give away books to families. They have really enjoyed this and look forward to getting new books to share with their children.
- Make enhanced programming available to as many families as possible, e.g. varied support group topics, videotaping, infant massage, PAT curriculum, lactation counselors, car seat technicians, and art projects.

PERSONNEL TURNOVER

HFS now consists of the following staff positions providing services to participating families:

- 1 Program Manager
- 3 Supervisors (including 1 Sr. Supervisor)
- 1 Family Assessment Worker
- 9 Family Support Workers

During the 15-16 contract year, we had one staff member (FSW) leave the program for a 7% turnover rate. This employee left the program to further her education and her caseload was divided across the other workers. We only had one family leave the program due to staff turnover. Our turnover rate is half of the previous year's turnover rate. The FSW vacancy occurred in June 2016 and remained open at the end of the contract year, but we anticipate a new hire will occur in the first quarter of 2016-17. We also have one data entry person who is employed through our lead agency.

As a strategy to reduce staff turnover, improve services, and foster professional development, Catholic Charities of Steuben periodically administers an insight survey to all staff containing a myriad of questions about job satisfaction, communication, working conditions, policies, quality, and supervision. The Healthy Families Steuben program most recently participated in this survey in the spring of 2016. We are currently awaiting the results and will then develop a plan to address whatever issues we can.

PERFORMANCE TARGETS AND INDICATORS

Of the 21 prescribed performance targets, Healthy Families Steuben met or exceeded 18 targets at least three out of four quarters in 2015-16. This is an improvement over 15 in 2014-15. The areas we are falling short in include **immunizations** and **education of young parents**. We showed improvement in the area of breastfeeding. In compiling staff feedback on the reasons why we are missing our targets, there does not appear to be any one reason that stands out.

Regarding health targets, our families met the targets for well child visits and having the recommended immunizations at one year of age, but did not meet the targets for **immunizations** at two years of age. One reason workers report that families are missing this target is that one of the main health care systems in our area uses a different immunization schedule than the one HFNY uses. Workers feel that many families are getting the recommended immunizations but are just slightly out of the HFNY time frame. Another reason may be that families sometimes let their Medicaid insurance lapse after the first year and take some time to recertify. Also, immunizations are not given if children are sick and they can get behind schedule when this happens. To support families in getting recommended immunizations, workers can keep educating about the importance of immunizations, remind families of the recommended scheduling of immunizations, and support them in keeping their insurance coverage current.

Regarding **education**, our workers are constantly providing families with resources and supporting families in overcoming the barriers to advance their education. Often these barriers are multi-leveled and it takes time to work through all the steps to address educational needs. Some reasons we hear that families are not focusing on education are bad experiences in the past, no transportation or child care, other life stressors take priority, they are too busy, or they are unsure of how to get started. The specific targets we are not meeting are that 90% of primary caretakers under the age of 21 at intake and without a high school diploma or GED will be enrolled in a degree bearing program, or obtain a diploma or GED by the time their child turns 6 months and one year. We are ranging from 0 to 50% across the quarters of the past year. Along with the factors stated above, workers report that sometimes it takes families a while

to realize the importance of an education and how mandatory it is to obtain a good job. In order to improve this target, our workers can offer information and encouragement as families break these goals into smaller steps.

If we look at the 12 performance targets that the state has defined as the most crucial, we met 11 out of 12 at least three out of four quarters. This is an improvement over last year when we were meeting 9 out of 12. Again, immunizations at two years is the target we are currently missing.

We have improved in the area of breastfeeding over the past contract year. It was an area we were not meeting in 2014-15. At that time, our breastfeeding rates averaged 25%, under the 30% target most of the time. Workers observed that families chose not to breastfeed because they have misinformation, there is a lack of support from our medical community and/or extended family, many mothers are on medication for mental health issue, and families have low confidence or are overwhelmed with the newness of parenthood and find formula easier. Our program has two certified lactation counselors on staff who provide support and guidance to all families. One of our lactation counselors participates at least monthly in the “Baby Café” held at the Dormann Library in Bath. This is a drop in space for breastfeeding families where they can gain support and education. We offer praise and small incentives to families who breastfeed. We provide accurate information on breastfeeding to try to dispel myths and include all family members in discussions when possible. We are also involved in a breast feeding coalition whose goal is to positively impact the breastfeeding rates in our county.

In the 2015-16 contract year, our breastfeeding rates steadily rose through the quarters; 28%, 39%, 42%, and 43%. We have consistently exceeded the 30% target in the last three quarters and averaged 38% for the year.



Baby Juliette shared her thoughts about breast feeding in our 2015 Annual Report.

She and her mom are still beautiful advocates a year later!



We did very well in regard to the established performance indicators. These are twelve indicators that take into account many aspects of program performance including the performance targets, staff development, enrollment, engagement, capacity, and retention. A thirteenth performance indicator was added this year that ensures workers are receiving supportive and consistent supervision. We were able to meet this new requirement both reporting periods. In the two reporting periods in the past year, Healthy Families Steuben received an eleven out of thirteen each time. One indicator that was missed in both reports was number of families assessed prenatally. The target is 80% and we received 75% and 63% during the reports. The second period, we missed the prenatal enrollment standard as well. We enrolled families prenatally 52% of the time when the standard is 65%. Prenatal assessment and enrollment is always a standard we are striving towards, but we did experience some difficulty with delivery services leaving the northern part of the county. We are starting to build relationships with OB GYN who are serving the families in this area through out of county hospitals.

In an effort to improve performance and retention, staff is using very small incentives as a way to reward their families for meeting some of the targets. Currently, there is no formal schedule or situation for incentives or expectation on the part of the families. Examples would be a worker arriving at a visit and handing a mother a candy bar to congratulate her for breastfeeding for three months. Families are not even necessarily aware that they meeting targets but seem to be appreciating the impromptu recognition. This practice continues to be used more frequently.

Staff has noted that they appreciate being kept informed regarding our performance in relations to the state targets. An understanding of the system and the importance of data collection helps them to make it a priority. They also like having frequent access to the reports and ticklers to help keep them organized. They have shared information throughout the year on some of the factors leading to missed targets.

HOME VISIT COMPLETION RATE

The issue of home visit completion rates continues to be monitored within the HFS program on many levels. We generally meet the state target of a 75% home visit completion rate. Over the past four quarters, our rates have been 84%, 74%, 84%, and 87%. We have found over the years that our lowest rate usually occurs in the second quarter due to the holidays. The home visit completion rate for the year is 82%. This is slightly higher than last year's rate. We always continue to look for information on what is working and what is not. Any analysis of how to increase rates must also seek to understand possible reasons why home visits are not completed. Discussions with workers and supervisors have shown that these reasons are varied, ranging from crisis within

particular families to families returning to work or school with little free time existing for them to schedule home visits. Sometimes the time of year is thought to have an impact on visits. Specifically, workers feel that in the summer months visits were not as frequent because families were out enjoying the nice weather, and in the winter months families' holiday plans sometimes are thought to interfere with the completion of home visits. Workers' ability to get to scheduled home visits during winter months when roads are not safe has always had some impact on our rates. Holiday vacation schedules, illness, and staff turnover have also impacted our rates. Additional observations of when families may begin to miss home visits were: sometimes when there is a change in levels families forget about scheduled appointments (change in routine), when MOBs have a change in relationships (e.g. new boyfriend, FOB gets out of jail), when families feel they have done "something wrong" (e.g. been hotlined, re-engaged in drug use, etc.), and sometimes families seem less invested when they are seen less frequently.

On an individual level, much time is spent in supervision discussing completion rates as they apply to families' engagement in the program. This is true whether a worker's rates are successful or they are having some difficulty in this area. So that we may learn from what is going well, Supervisors ascertain how workers with higher rates are able to accomplish this. Workers are encouraged to be creative in ensuring that families are seen consistently according to their level of service. During nice weather, workers can go for a walk with participants, or meet them at a local park. If a family has not been seen consistently, the worker would be asked to consider barriers that might be preventing that family from participating, and ways to overcome them. It is important that workers understand the impact their consistency and dependability can have on a family's engagement in the program and general success.

On a supervisory level, monthly home visit record reports indicating achievement rates are utilized on a regular basis by Supervisors to determine how successful each worker is in this area. Home visits are tracked and discussed weekly during regular supervision at which time any concerns about their completion are addressed. This topic is discussed periodically during our regular supervisor meetings. Supervisors offer ideas that their workers had found useful in keeping numbers of visits higher. Some workers have found it helpful to call families ahead to confirm visits that had been previously scheduled. It was agreed that this approach needed to be used carefully as it could be seen as an opportunity for families to cancel if they had a history of doing so. Supervisors also feel it was advisable for workers to convey a sense of importance regarding visits to families, which could help to encourage participation. Workers are also encouraged to reschedule any cancelled visits within the same week if at all possible.

On the team (program) level, workers are given the opportunity to share challenges and barriers in engaging families at our monthly program meetings.

During case presentation, workers are encouraged to share frustrations they are feeling on many topics, including engagement. Team members then share ideas or practices that have worked for them when in a similar situation. At times, workers with high home visit completion rates are recognized at staff meetings. Increasing home visit completion rates is also a topic addressed during site meetings. At this point, Family Support Workers and Supervisors are so knowledgeable about the home visit completion rate that they automatically monitor it and address it right away when someone is falling under expectations.

Current strategies being implemented:

- Reschedule for same week as canceled, when possible.
- Sometimes scheduling visits more frequently than level requires so that if a visit is missed, the recommended number of visits still occur.
- Continue to glean information from participant surveys on convenience of home visit times.
- Schedule visits at convenience of family including later visits for families who are employed or attending school.
- Leave appointment cards or calendars. If possible, program could provide promotional calendars and have family note next appointment right when FSW is present.
- Use door hangers of a way to communicate with a family when they are not home for a scheduled visit.
- Show enthusiasm about information and activities you are bringing out.
- Be sure families are clear about your expectations of being there at the expected time and day.
- Give families a program handbook which outlines the expectations for frequency of home visits.
- Reminder phone calls or texts to confirm appointments when appropriate.
- Tell parents that you are really looking forward to seeing the baby.
- Welcome all family members to be part of the home visit. This will prove especially helpful in a smooth transition if another family is given custody of the target child in the future.
- Discuss the structure of the visits with the parent—do they like how they are going? What information would make home visits more useful to them? Make use of planning section on the Home Visit Record. Bring out activity books for parents to choose from. Encourage families to plan their visits.
- When appropriate, use humor with families around discussions of them being present for visits.
- Try to consistently schedule visits with families the same time each week (e.g. family knows that every Monday at 10 AM, their Healthy Families worker will be coming).
- Use the technology family is comfortable with for communicating to schedule home visits, e.g. texting.

- Continue recognition for workers who meet program expectations for home visit completions.
- Supervisors continue to make random phone calls to inquire about services received and possible obstacles to home visit completion.
- Supervisors call families or go with workers on home visits to families with a pattern of non-compliance to reinforce that program is most effective when visits are consistent.
- Be sure to let prenatal enrollments know of increase in visits postpartum.
- Let families know about the videotaping and picture taking opportunities we provide.
- Program Manager can find out what other programs are doing to increase completion rates.
- Monitor the issue of completion rates on an on-going basis in order to encourage workers, recognizing the importance of consistency and frequency of visits in affecting change and growth within families.
- Make enhanced programming available to as many families as possible, e.g. infant massage, Itsy Bitsy Yoga, PAT curriculum, literacy activities, car seat technicians, and art projects and use these specialty services as a marketing tool.

CAPACITY

With nine Family Support Workers, our program's capacity is 180 families at any given time. The minimum allowed is 85%, or 153 families in our case, but the goal is always to get as close to 100% as possible. Generally our program's capacity rate is at or above 90%. At the end of each of the four quarters it was 92%, 83%, 92%, and 90%. The annual average was 91.8%. This is slightly higher than last year's average of 89.5%. At the end of the contract year, our capacity was at 92% even though we were down one Family Support Worker.

FATHERS

The program understands the important role of fathers in the lives of children and encourages them to participate in all aspects of services. In 2015-16, fathers participated in 33% of assessments. Out of the 227 families receiving at least one home visit this year, 146 had a father present for at least one home visit (64%).

Some of the strategies used to engage fathers are addressing communications to both parents, interacting with both parents at visits, using dad specific curriculum and materials at home visits, bringing dad specific materials to assessments, letting fathers know the importance of their presence at home visits, scheduling home visits at times when fathers can be there, and keeping appointments with fathers and children even if moms can't be there. Many workers have shared that fathers have especially enjoyed doing art projects with their children. The program gives all fathers a special gift in June for Father's

Day. Program staff is represented at HFNY fatherhood conference calls and one Family Support Worker attended the Fatherhood Summit in November 2015.

PROGRAM HIGHLIGHTS

The program has several highlights to note from their 2015-16 contract year. We are very pleased to have served 239 families and completed 3,174 home visits. At the end of the year, our capacity rate was at 92%.

In July of 2015, Healthy Families Steuben celebrated its 20th Anniversary. On our actual anniversary date, July 10, 2015, we delivered cupcakes to referral sources and community partners across the county. A week later, we had a picnic celebration with participants, past and present.

The following vignettes provide a snapshot into two of our participant's lives (names have been changed):

Olivia was 19 years old and six months pregnant when she joined Healthy Families two years ago. She was living in a modest home with her parents and was in an on again off again relationship with the baby's father. Olivia was still in high school at the time and was exhibiting low self-esteem and possible depression through behaviors such as cutting and wearing dark clothes and make up. Worker Susan began visiting Olivia and helped her set goals for her new life as a parent. Olivia stated she was scared to death and had no idea what to do with a baby. Olivia wanted to graduate high school, get a job, get her driver's license, and be a good parent. Susan noticed a change in Olivia's behavior as soon as her daughter, Ashley was born. Olivia seemed much more positive and dressed more brightly. Her cutting behaviors ended. Olivia finished high school, went on to become a Certified Nursing Assistant (CNA), and got a job at an area nursing home. She doesn't have her own apartment yet, but has taken a greater interest in budgeting and has a plan to move out on her own soon. She now has her driver's permit. Olivia has taken pride in everything she does and is very invested in keeping the home she currently shares with her parents neat and clean. Susan has remarked on how naturally Olivia focused her attention on the baby and became so positive. Olivia soaks up every bit of developmental information Susan shares with her and follows through on all recommendations. Olivia limits Ashley's television time, reads to her all the time, and loves to plan activities and outings with her. Olivia's attention shows in Ashley's bright personality and advanced communication skills. Olivia has built up a system of friends and family members who also have young children and will often organized activities for all of them. Susan shares that Olivia's relationship with Ashley's father has been particularly challenging but has illustrated Olivia's growth. After splitting up and getting back together several

times, Olivia finally ended that relationship as she realized she was being taken advantage of. Susan and Olivia discussed the importance of father involvement for Ashley's sake and now Olivia always finds ways to promote a good relationship between Ashley and her father even though they are not together. When reflecting on how far she's come over the past two years, Olivia attributes her success to Ashley and wanting to be the best mother possible to her.

Another worker wanted to share the story of Emily. She started the program in February of 2013 as a young woman living with her mother. She returned to school for her CNA, secured full time employment, and purchased her first vehicle, all while being a single mom. She also was able to get her own apartment where she has lived since securing full time employment. Her daughter will be attending preschool this fall. Erin was recognized this past year by another community program at their annual dinner for her perseverance, determination and accomplishment of her goals. She was very involved in Healthy Families by engaging in visits and attending many parent groups. Her worker states one of the best things about her is she is a kind, loving, compassionate human with a heart of gold and full of love for her family!

NOTEWORTHY COMMUNITY COLLABORATIONS

Representatives from Healthy Families Steuben participate in the Steuben Rural Health Network, the Allegany Western Steuben Rural Health Network, Early Intervention Coordinating Council, United Way of the Southern Tier, Steuben County Child Abuse Task Force, Early Literacy Initiative, Steuben Inspire Initiative, Steuben Breastfeeding Coalition and the Public Health Nursing Child Seat Project. Staff members regularly volunteer at food pantries, health fairs, and other community activities across the county. The program is active in the Steuben Family Enrichment Collaborative which encompasses all of the parent resource centers in the county. We often hold celebrations and parent groups at our area parent resource centers. A new center opened in the Hornell community this past year.

This year we became involved in a community initiative with United Way, ProAction, Public Health, and Early Head Start tentatively called the Maternal Infant Health Project. The purpose of this project is to increase efforts to receive screens on all families giving birth in Steuben County and connect them to at least one of early childhood home visiting programs available in our county.

We continue our collaboration with the Steuben Family Reading Partnership called the "Bright Red Bookshelf Project". The program maintains four "Bright Red Bookshelves" in the Hornell area. These bookcases contain

new and gently used books that children can take with them to keep. The bookshelves are placed in local doctors' offices and Healthy Families staff processes the donations and keeps the bookshelves filled. This gives us an excellent opportunity to interact with our medical community regularly. In 2015-16, the program has continued to partner with the Family Reading Partnership and United Way to provide a book to each of our families at least every quarter. The Addison site continues to work with their local school district on an early literacy initiative.

PUBLICITY AND OUTREACH EFFORTS

Staff regularly makes program presentations to area doctors, hospitals and community groups. Program related articles are regularly submitted to local newspapers and agency newsletters. The program is regularly represented at area agency and health fairs. The program has a Facebook page and continues to use it as a way to communicate and disseminate information to families and the community. More detailed activity is listed in the program's quarterly reports.

NEW RESOURCES

We continue to purchase materials when possible to support child development and parent child interaction. We focus mainly on items to be used with the Parents as Teachers curriculum, i.e. children's books, toys, and art materials.

This contract year, we purchased access to the Parents as Teachers 3-5 online curriculum.

STAFF TRAINING AND TECHNICAL ASSISTANCE

Detailed information on staff training is contained in the program's quarterly reports. Highlights of 2015-16 include three staff attending the annual NYS Prevent Child Abuse conference and a worker participating in the NYS Fatherhood Summit last November.

Healthy Families Steuben continues to participate in technical assistance and quality assurance activities provided by New York State Office of Children and Family Services and Prevent Child Abuse New York and finds that they sufficiently meet the program's needs at this time. We were thankful for their support as we continue to adapt policies and practices to the latest Healthy Families America Best Practice Standards.

Our last Program Improvement Plan (2014) focused on IFSPs, breastfeeding, and capacity. Breast feeding is now exceeding the state target and we hope to keep it at an optimal level. Capacity has consistently stayed

above the state target. Some improvement has been seen in IFSPs but we will continue to focus on them as more improvement is necessary. Jeanne Cramer, our OCFS contract manager, visited us in April of 2016. We are awaiting the written report and will then develop a Program Action Plan to meet any issues identified.

ADDITIONAL FUNDING OPPORTUNITIES

We completed an application to the United Way of the Southern Tier in the fall of 2014 for the 2015-17 funding cycle. The United Way is by far our largest financial supporter locally. The United Way has made early childhood education and school readiness a priority and we believe we will be able to count on their support into the future.

The program had participated in discussions about DSRIP funding through the NYS Department of Health for quite some time. One of the goals of the funding is improved infant and maternal health. Unfortunately, we learned this year that our regional DSRIP systems will not be partnering with Healthy Families programs.

The program is always looking for opportunities that would make us less dependent on state funding. To date, we have been unsuccessful at finding large amounts of money that would support the program's operation. However, we have always found our local service organizations and businesses to be very generous when asked for small and specific items to support some of our program activities.

SUMMARY

The annual service review has indicated that Healthy Families Steuben is meeting the criteria set to assure program quality and cultural competence. It appears that program participants are being served in a culturally competent manner and are satisfied with the services they are receiving. The program is working very hard to meet the guidelines set forth by Healthy Families America and Healthy Families New York. Healthy Families Steuben is committed to continuous quality improvement and program development. This annual service review will be distributed to HFS staff, the Catholic Charities of Steuben and Institute for Human Services' boards, the Healthy Families Steuben Advisory Council and the NYS Office of Children and Family Services. Any recommendations based on this report made to the program by any of the aforementioned groups will be documented in a future quarterly report and considered for implementation. The review will also be posted on the Institute for Human Services' website (www.ihsnet.org) and on the Catholic Charities of Steuben website (www.catholiccharitiessteuben.org) for public viewing.