Healthy Families of Sullivan
ANNUAL SERVICE REVIEW
September 1, 2013 – August 31, 2014

In an effort to provide high quality service to the families of Sullivan County in the most effective manner, this service review is completed on an annual basis. It contains a review of the program's cultural competence, an analysis of acceptance, retention and home visit achievement rates, a plan for improvement when necessary, and a review of staff turnover. It also includes information pertaining to performance targets, community collaborations, and other program achievements. This review is shared with the Healthy Families of Sullivan (HF) Advisory Committee so that their input can be incorporated into service planning for the coming year and information therein can be disbursed to the community.

Criteria for Cultural Competence Review

The annual review of cultural competency has been completed to evaluate how well Healthy Families is accommodating cultural differences and utilizing cultural and participant strengths and resources. The following are the review criteria as established in program policy.

1) Analyze cultural competency in the areas of acceptance rates, retention rates, home visits and service planning, supervision, staffing, training, and materials.
2) Utilize the following tools in the analysis: annual and QA participant satisfaction surveys, home visit and supervision observations, team meetings, staff training evaluations, a review of materials, and participant input from Advisory Committee meetings.
3) The annual service review takes into account participant input regarding culturally appropriate services in the following ways:
    a. Annual participant satisfaction survey
    b. QA participant satisfaction surveys
    c. Home visit observations
    d. Participant input from Advisory Committee meetings
    e. Parent Surveys
4) The annual service review takes into account staff input regarding culturally appropriate service in the following way:
    a. On-going input from team meetings, supervision and annual performance appraisals.
5) The annual service review takes into account community input regarding culturally appropriate services in the following ways:
    a. The members of Advisory Committee receive this review and offer feedback and suggestions.
    b. Feedback from staff participation on community boards and meetings is shared with the program manager.

All of the criteria are reviewed to identify any cultural issues that may be enhancing the program's efforts or impeding it from reaching its goals.

Cultural Competence Review

The following is a discussion, through the lens of cultural competency, of the following areas: service and target population, acceptance and retention, assessment, home visits and service planning, supervision, staffing, training, and the materials used during all phases of service delivery.

Service and Target Population

The Healthy Families of Sullivan target population is any and all pregnant women and their families, and those primary caregivers with a baby under three months of age, who reside in Sullivan County.

Healthy Families of Sullivan's service population is reflective of its target population, though with higher numbers (proportionally) of minority participants.

Race/Ethnicity Table

	Sullivan County Residents	Healthy Families PC1s
White	74.5%	43%
Black	8.2%	13%
Hispanic	13.6%	38%
Asian	1.3%	2%
Other	2.4%	5%

U.S. Census Bureau/AmericanFactfinder 2010

Primarily, the worker is being encouraged to use inquiry and observation in order to learn about these cultures from the families themselves, as well as participating in wraparound and other trainings to increase their abilities to be culturally sensitive, knowledgeable, and appropriate. The program has endeavored to hire qualified direct service staff whose cultural backgrounds reflect the service population.

The following describes the demographic factors impacting the target population:

Sullivan is a rural county, consisting of 1,011 square miles of woods and farmland, with two urban pockets in Liberty and Monticello (the county capitol), and a growing population of 76,665 (*Census Quick Facts 2013*). Sullivan County is known for its history as the "Borscht Belt" summer vacation destination for city dwellers, for its camping, boating, fishing, and the location of the 1969 Woodstock Folk Festival. Summer visitors, predominately Observant Jews and "snowbirds" (seasonal residents), swell the county's population by as much as 300% for two months per year. Camping, fishing, the "racino" in Monticello and the Bethel Woods Center for the Arts (at the site of the original Woodstock Festival) attract many tourists. Sullivan County appears picturesque and pastoral, with rolling hills, woods and farms. Less well known are the consequences of seasonal tourism for the original local population and the many multigenerational displaced workers (from all the failed resorts) added to the high poverty rate and lack of local transportation.

Sullivan County has an estimated 1,049 women aged 15-50 who had a birth in the past 12 months (*AmericanFactfinder, 2008-2012*), with 741 live births in 2013, which was a very substantial decrease of 134 live births this year (*Sullivan County Public Health Birth Certificates.*) In 2011, 24.6% of Sullivan County's children lived at or below poverty, compared to NYS rate of 22.8 (*NYS Kids' Well-being Indicators Clearinghouse - KWIC*) and there was an unemployment rate of 9.6 compared to the state's rate of 8.6 in 2012. Twenty-three percent of children in Sullivan County lived below poverty in 2018-2012, 45.4% of whom lived in household in which a female was the head of household with no spouse present (*Census Factfinder*). The percentage of births to women aged over 25 without a high school education in 2009-2011 was 16.8, compared to the state rate of 14.6. Sullivan County had a premature (less than 37 weeks gestation) birth rate of 12.1 compared to NYS rate of 11.6, a 3 year average (2009-2011) infant mortality rate of 8.4 compared to NYS rate of 5.1, a perinatal mortality rate (from 28 weeks' gestation to less than 7 days of life) of 11.9 compared to the state's rate of 5.5, and a low birth weight rate of 9.4 to NYS rate of 8.2 during the same years. Sullivan County has a low rate (65.8) of women receiving first trimester (early) prenatal care in 2009-2011, compared to the State rate of 72.4, but an improving, low rate of women entering prenatal care in their third trimester or having had no prenatal care (4.8) compared to the State rate of 5.8 (*NYS DOH CHAI*).

Sullivan County was rated in 2013 - 2014 as the second worst ranking county, number 61 out of 62 counties in New York in terms of the County Health Rankings. Sullivan ranked as the worst in terms of premature deaths, the third worst in terms of quality of life, with 26% smoking rate among adults, 29% adult obesity, a 31% teen birth rate (out of 1,000) compared to the state rate of 24, and a rate of population to primary care physicians and mental health providers that is twice as high as New York's average.

In 2012, there were 1,079 calls to the Central Registry about children residing in Sullivan County (*NYS Office of Children and Family Services.*) In 2012, Sullivan County had a rate of 25.6 of children and youth involved in indicated reports of Abuse/Maltreatment,

as compared to the NYS rate of 15.9, and a 3.0 rate of children admitted to foster care, compared with NYS's 2.2 (*KWIC*).

Sullivan County has had a growing population of Hispanic immigrants, attracted by opportunities for employment in agriculture, poultry plants and other small scale industries. They typically live in severe poverty, and have special needs due to language barriers, low literacy and education levels, their legal status, social isolation and lack of experience with the health care system and practices in this country. Considering the social, economic and health status indicators common among many minorities, their over-representation in these communities identify this population as important targets for Healthy Families.

Observant Jewish families have been steadily moving into Sullivan County, but have not been very receptive to outreach efforts. They are a self-contained community, and have generally utilized their own health practitioners out of county. Also, they regard pregnancy as a normal state and do not feel they need long term support with parenting. "Rafuah," a federally subsidized health care center, is located in South Fallsburg, to serve the Orthodox population and other residents. The Observant Jewish community does utilize Public Health services such as WIC and the Car Seat and Cribs4Kids programs, so HF receives a number of Hassidic and Orthodox screens. One family currently enrolled is Orthodox.

In order to assure that the program is reaching out to the diverse population in Sullivan County, it provides outreach to places in the community where the target population can be found, such as the hospital, community clinics, WIC, private practitioners, schools, and other community agencies, etc. Staff performs outreach at community events such as car seat clinics. The program collects demographic information on all of its program participants for its Data Management System and routinely cross-references this information with countywide statistics to assure that it is reaching all members of our community.

Healthy Families of Sullivan maintains memorandums of agreement (linkage agreements) with appropriate health and human service agencies to ensure their cooperation with universal screening and referral procedures. These agencies are: Catskill Regional Medical Center, the Sullivan County Department of Family Services, the Sullivan County Child Care Council, Inc., Sullivan County United Way, Maternal-Infant Services Network, PRASAD Children's Dental Health Program, Inc., Sullivan County WIC, the 1st Way Life Center, Sullivan County Early Intervention Services, Planned Parenthood, the Sullivan County Department of Family Services, Community Association to Help the Economy (CACHE), Hudson River Healthcare, Catskill Adult & Pediatric Medicine, PLLC, Liberty Pediatrics, Cornell Cooperative Extension of Sullivan County, and the Center for Workforce Development.

Screening/Assessment

Healthy Families of Sullivan received 610 screens (403 unduplicated) from 9/01/13 – 8/31/14 from all over Sullivan County. 490 of the referrals came from WIC.

Referrals

	Total Referrals	WIC Referrals	Referral Sources
2013-2014	610	490	34
2012-2013	560	437	29
2011-2012	521	330	35
2010-2011	376	319	16
2009-2010	440	365	24
2008-2009	548	477	26
2007-2008	590	475	23

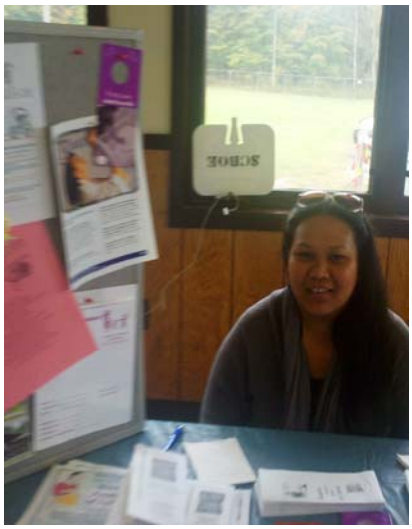
Twenty-nine of the referrals came from "Win a Baby Sling" raffle boxes which had been placed at Planned Parenthood, Catskill Regional Medical Center, Crystal Run Healthcare and the Women's Health Center's prenatal providers' offices during the last year. The boxes were purchased through the NNPHI grant.

Eighty-five percent of the total referrals were prenatal, and only 8% were postnatal more than 2 weeks after the target child was born. There were only 4 negative screens. Two hundred twenty-three of the positive screens were not referred for assessment. Of these, 82% were duplicates, 6% were previous participants, 4% were inappropriate referrals for the program, 3% were subsequent births for open cases, and 2% were located out of Sullivan County. Sixty three percent of all the referrals were referred for assessment during the contract year. Seventy one (12%) of the screens received an assessment, and 39 of those assessed were ultimately enrolled. Families who were screened but did not receive an assessment are tracked and monitored through the MIS, using the pre-assessment Engagement Report (attached). This report details the discharge reasons, outcomes, and the FAW's activities during the specific time period in her attempts to engage the families, as well as details for each individual screen (identifying information has been removed.).

Calculation of the percentage of Healthy Families of Sullivan's universal screening is: 610 screens divided by 741 births is 82%. This rate is greatly improved from last year's, which was 57%. There are several barriers to universal screening in Sullivan County. Most of the current referral sources are derived from the low-income service community, not prenatal medical providers. Over recent years, OB/GYN private practices have been absorbed into larger corporations. HF has been trying unsuccessfully for many years to gain access to screens from Crystal Run Healthcare, one of the two prenatal providers in our county. Although they are cooperative in case management and

providing immunization records, outreach for screens has been mostly unsuccessful; this year HF received 2. The other prenatal provider, the Women's Health Clinic, was acquired by Hudson River Healthcare, a federally funded clinic which serves low income and minority patients A QI project by the Maternal Child Health nurses has been effective in increasing the number of antepartal referrals to MCH nursing, which has increased the number of antepartal referrals to HF.

In reality, although the program does aspire to universal screening per policy, the program would have great difficulty processing and outreaching many more referrals than it gets and usually has 50-100 outstanding screens at any given time. During this last contract year, the number of total screens increased due to sustained outreach efforts.



Healthy Families conducted 71 KEMPE assessments this last contract year. The FAW is cross trained as an FSW and is utilized to perform home visits if an FSW is out or needs help, as well as having taken charge of the Cribs4Kids program. She also preforms some data entry and clerical functions. Ninety-two percent of these KEMPEs were assessed prenatally or within 2 weeks of the birth. Eleven KEMPEs were negative and 60 were positive. The average score of the Primary Caretakers (mothers) was 37. Of the positive assessments, 9 were terminated pre-intake; 2 refused, 2 families moved out of the target area, 2 could not be reached or contacted, and the remaining 5 were terminated due to miscarriage, one whose family objected to the program, and one who was unresponsive. The other 49 positive assessments were assigned to FSWs; 39 were enrolled and five families were in pre-intake status at the end of this contract year.

The FAW endeavors to ask screening and assessment questions with sensitivity and to assure that our outreach materials are appropriate for different cultures, age groups, literacy levels, and all family members. The program has bilingual/bicultural capabilities in assessment for Spanish-speaking families, in that our bilingual FSW can accompany the FAW to translate. Healthy Families does not have capabilities in other languages that have been in use among our families (the Supervisor is a sign language interpreter, and the FAW speaks Tagalong) however, this is typically not used as a reason not to assess someone. The FAW works with the family to find an appropriate translator, and also evaluates, with her supervisor, whether it will be possible for the program to provide effective home visits to this family, given the language barrier.

Acceptance Rates

Healthy Families' definition of acceptance rate is the proportion of participants who accept home visiting services, when offered them, to the participants who refuse services. On the MIS report 1-2.A Acceptance Rates and Refusal Rates Analysis, the acceptance rate is 71% and refusal rate is 29%. On that report, out of 58 positive KEMPEs, 41enrolled and 17 did not. However, this report represents every family who did not

enroll as refusing services, which is debatable. There were many reasons that families did not ultimately enroll, which included moving out of the county and miscarriage.

In Sullivan HF, the program is so small that the FAW is able to know whether she can offer the program at the assessment, according to the caseloads. If she has any questions about whether or not to offer services, she will wait until she can discuss it with the Supervisor. According to a review by the Program Manager/FAW Supervisor with the FAW, the families who refused services when offered them at the time of assessment felt that they had sufficient informal supports, or had family or private secrets or criminality issues so that they didn't want anybody coming into their home. The FAW stated that she felt she could tell who would not want services at the beginning of the interview. She stated that if she felt they were going to refuse, she would offer them a few days "to think about it." The FAW also stated that she felt she was under a lot of pressure to make families accept services.

To improve the acceptance rate, the FAW and FAW Supervisor and PM identified strategies for the FAW to implement when offering home visiting services.

- Revisit the concept of allowing them a few days, unless they specifically asked for it, and encourage them to just "try it." Encouraged the FAW to explore her own issues concerning her belief in whether the program would be able to help them. Discussed the concept of "selling" the program.
- Use Motivational Interviewing techniques such as deeper inquiry, open ended questions, and scaling to move the participant towards a fuller understanding of issues that may be blocking her from readiness to invest in the program.
- Be assertive in presenting her findings from the KEMPE in terms of specific issues the program can assist her with to the family, especially in regard to benefits to the baby
- Bring out findings from the research to present the program in a positive light
- Present a (theoretical) monetary value of the services they would be receiving.
- Ask the family to consider services in terms of the future, not just how they are feeling today before the baby is born.
- FAW to present services in terms of positive, contemporary value; i.e. "personal coaching" instead of helping to get Food Stamps, (negative associations).
- Personal disclosure; "I would have really liked to be in this program myself but it wasn't available then."
- Explore identifying a participant to use as a reference to give to those reluctant to accept services to call.
- Continue to address acceptance issues in FAW supervision.

The acceptance rate and related issues of creative engagement during and after assessment are often discussed during FSW supervision and in team meetings. Each worker is guided to explore their own strengths and weaknesses in regard to a participant's acceptance of services, and are strongly encouraged to problem solve, brainstorm new strategies, and individualize their approach for each family's personality and situation. Workers, and especially the FAW, are reminded not to enter a new home with a negative attitude about the family's acceptance. Even after an assessment, each

family is a mystery, with so much unknown. Staff is reminded during team meetings of how much work and time goes into every assessment and that the program's expectation is that they will be able to use their considerable skills and training to successfully engage the participants they are assigned to.

Acceptance of services is monitored by the PM and Supervisor on an ongoing basis. One issue has been that a poor acceptance rate of cases which have been assigned to a particular FSW is a strong indicator that the FSW may be suffering from burnout. The creative energy needed to successfully engage new participants can be sapped after many years of home visiting. The Supervisor can address this in private supervision with the FSW, in order to give her the support she needs to refocus and replenish, so that she can more successfully engage those participants she is assigned to.

According to the MIS data, in the 2012-2013 contract year, African American families were more likely not to enroll. This year, every single African American family accepted services. Approximately 1/3 of Caucasian and Hispanic families did refuse. The few multiracial and Asian families all enrolled. Those who were missing racial data were much more likely to refuse 10:1. Teens were only very slightly more apt to enroll than to refuse, as were families of greater age. Families with a higher level of education were more apt to enroll, as were families who didn't have the biological father in the home. Twice as many with Mental Health Issues enrolled. Mothers in their third trimester were much more likely to enroll, and much less likely to accept services after delivery.

Families who refuse home visiting services are given a resource list, encouraged to call the program if they change their minds, and are given program contact information and referrals to other resources as appropriate and available.

Home Visits and Service Planning

Healthy Families of Sullivan continues to individualize the type and content of educational materials and activities used on home visits to reflect the family's cultural, linguistic, racial and ethnic background, including literacy levels and family structure. Workers are trained to listen to and include what the participant describes as important to them on their Individualized Family Service Plan, thereby helping the document to be culturally acceptable to the family.

Home visitors talk with families about their culture and how it relates to their child. The program has found that with guidance, home visitors become comfortable asking families about their practices. They learn to build on experiences with each new family without making assumptions.

All of the parents who completed a participant satisfaction survey this year reported feeling that their particular cultural background was respected and valued. In general, respect was a theme that was reiterated frequently in regard to how participants felt they were treated. (See Family Input section)

A review of Quality Assurance Home Visit Observations shows that supervision typically observed workers demonstrating respect for the families' ideas, values, family culture, and race/ethnicity. Home visit achievement rates seem to be influenced by some cultural considerations. For example, while many teenagers are inconsistent with availability for their visits, having workers nurture a good relationship with other family members, such as maternal grandmother, has resulted in some improvement.

Supervision

Supervision provides collaborative and reflective supervision of staff in order to model the approach for them to use with their families. Thus, supervision promotes the worker as the "expert" on the family and finds ways to address the unique nature of individual families. Workers are also given opportunities, in supervision, to process their own issues and values that may pose an obstacle for them to develop a rapport with their participants.

Cross cultural issues are discussed in supervision around working with families from different countries, and focusing in particular with our Spanish-speaking families around health beliefs and practices. In addition, there is a focus on developing strategies related to the cross-cultural issues of teenagers, fathers, single mothers, substance abusers, the mentally ill, and the developmentally delayed.

Staffing

Healthy Families of Sullivan currently has six full time staff, all female; 4 FSWs, an FAW and a Supervisor. The Program Manager is a .25% Program Manager, who was promoted to Director of Patient Services at Sullivan County Public Health Services in August 2013. She has been PM since the initiation of Sullivan County's HF program in 2002, and her many years of experience and strong collaborative relationship with the Supervisor allow her to continue to effectively perform PM functions during the limited time she has. The Supervisor has taken up some of the PM duties, including attendance at most regional and state PM meetings, and FAW supervision. She also has taken active leadership roles in many Public Health intiatives, such as planning the Health Summit, the PinWheels project, and others endeavors. The FAW, Supervisor, PM and one FSW are cross-trained for multiple roles. The Database Clerk is employed .20, primarily to

enter data and file. One staff member is bilingual/Hispanic, one is Filipino, and 5 are Caucasian. All staff lives within the target area. The staff's ages average 49 years. The following describes how families are assigned to workers. The Healthy Families program trains all staff to develop and utilize communication and relationship-building skills that will allow them to effectively work with all participants, regardless of the ethnic and cultural issues of the participants and home visitors. The program does recognize however that there are factors, including personality, which may make for a better "match" between home visitor and participant. The Program Manager and Supervisor make case assignments very carefully, sometimes on an intuitive level. If there seems to be a personality conflict between assigned worker and participant pre-intake or post enrollment, the family may be offered another worker who may be a better fit. In all cases, the Spanish-speaking worker is assigned to work with a Spanish-speaking family. Workers are divided into geographic areas, in order to minimize travel time.

Training

Within the first six months of employment, staff receives training that directly pertains to cultural competency, such as the Cultural Responsiveness Wrap-Around training. All HF's current staff finished orientation training long ago. Each year staff receives ongoing trainings that include cross-cultural issues. Those provided this year include: the HFNY Fatherhood Summit, a Breastfeeding Coalition meeting, a presentation on "Diabetes Through the Lifespan," a webinar on "Blending and Braiding Home Visiting Funding Streams," "Poison Control; New Drugs of Choice," "Child Passenger Safety Tech Update," "The Family Planning Benefit Program," "Helping Parents Prepare Their Child and Their Relationship for a New Baby," "Promoting Breastfeeding," "Family Goal Planning," "Bedbugs: a Commercial Response," "Outreach and Recruitment; Best Practices for Fatherhood Practitioners," and Advanced FAW and Supervisor trainings. "Healthy Babies are Worth the Wait," was a train the trainer project by Sullivan and Ulster Counties' Maternal Infant Services Network, to assist front line workers to educate pregnant women about the benefits of full term delivery. Data is still being gathered about the effectiveness of the strategies. "Treating Tobacco Use and Dependence" is a project of Sullivan County Public Health, to train outreach workers to implement smoking cessation methods. All Staff attended the Sullivan County Health Summit.

Case presentations at team meetings include any cross-cultural issues they have encountered in working with the family being presented. Healthy Families' bilingual FSW attends monthly meetings of the Latino Service Providers of Sullivan County when possible, to obtain information on resources and issues of the Latino service community.

Funding cuts have required programs and host agencies to limit travel and training expenses. Wrapround (orientation) training now takes place on line as available, through the Healthy Families America Learning Center, internally, or is provided by PCANY/HFNY. For Healthy Families of Sullivan, this represents a loss of the staff's capacity for learning through cultural enrichment and diversity of opinion, expertise, and experience which previously was made possible through attendance at conferences and other shared trainings.

Materials
A review of Healthy Families of Sullivan's materials (curricula, brochures, pamphlets, videos) show a broad-based representation of adults, various configurations of families, teens, and children from a variety of backgrounds. All new materials are checked for literacy levels in both English and Spanish at a reading grade level of at least 4. When the program translates materials in house, they are passed around among people from different Hispanic countries to be sure that the materials will be fairly appropriate for all of them.

Family Input into the Program

There are several avenues for family input into the program. Healthy Families of Sullivan uses a participant satisfaction survey, exit interviews and parent surveys, to be administered each year to participants. They are implemented over the phone or in person by the Supervisor and Program Manager, assisted as needed by bilingual staff from the host agency. The responses pertaining to program services were very positive this year. Out of this year's interviews, 100% stated that their worker treated them with respect. In response to "Do you feel your FSW respects your cultural, ethnic, and religious background? How does she do that?" we received many comments, including stating that the worker "Made my life easier that would have been difficult," "I enjoy spending time with her," "I feel less stressed, having more information helps a lot," and "She's respectful of my religious beliefs." The results of these questionnaires demonstrate that participants feel the program's service providers are culturally competent. The Supervisor performs home visit observations on a quarterly basis for each FSW, with random families. These visits are documented, and families are encouraged to express any concerns or recommendations they may have regarding their worker or the program. There have been no complaints specifically regarding the workers' cultural competency issues. Staff also receives feedback concerning cultural competency from PCANY trainers during their site visits.

Often, participants drop by the office, as it is in close vicinity with WIC, the Department of Family Services and Community Services (Mental Health). Potential participants are sometimes referred to the HF office by DFS staff and they just walk over. The Supervisor

is there to meet them and troubleshoot. At the initial home visit, participants are also provided with the Bill of Rights informing them of the procedure for addressing a concern or complaint. Healthy Families keeps a binder of complaints to be able to track them for patterns.

Again informally, staff are encouraged to share any input received from their or another worker's family with the Supervisor, in supervision or in team meeting. In servicing a "small town," many of the participants know each other's FSWs and do approach the FSW if encountered at a store or doctor's office. FSWs routinely ask their own families for input about program services and share them in meetings or supervision.

Healthy Families of Sullivan invites participants as representatives to the Advisory Committee. They are asked to describe the program services and their experiences to Committee members and encouraged to participate in discussions.

Staff Input into the Program

Staff is encouraged to provide input into the program through informal and formal mechanisms. These include team meetings, supervision, and annual performance appraisals. The staff meets informally together every morning to touch base, and weekly at a team meeting. All FSWs and FAW participates in mandatory supervision weekly. The PM usually meets with the Supervisor daily.

Community Input into the Program

The Healthy Families Advisory Committee met twice a year, but in June 2014 began meeting on a quarterly basis, in accordance with new HFNY policy. During these meetings, the Advisory Committee is updated on the program's efforts at achieving its stated goals and objectives, and is consulted on specific community and other issues facing the program. The Statewide Program Managers' meetings, held in conjunction with Healthy Families New York Central Administration and PCANY, is the forum where specific program policies are discussed and established. Policy issues are also discussed and reinforced in Regional Program Manager Meetings. The Advisory Committee is updated on any policy changes as they impact the program and the community. In the event (which has never occurred) of any research projects being proposed, the Advisory Committee would be consulted before the program agrees to participate, and the final decision would be up to the Director of Public Health. The Advisory Committee reviews the Statement of Purpose every four years. At each meeting, program participants are invited to attend and participate, and to share their experience of the program with the Committee members. In this way, the Advisory

Committee serves as one of several formal mechanisms for participants to provide input into the program.

Members are sent a copy of the Annual Service Review with a request for feedback and suggestions for improvement and are often informally contacted for assistance with advocacy and input as to specific issues. Membership on the Advisory Committee consists of professionals (some retired) who are aware of issues in the community and who have been approved by the Sullivan County Legislature. Membership on the Advisory Committee represents a range of needed skills and abilities and is varied in terms of skills, strengths, community knowledge, professions, and demographics. Actual responsibility for oversight of the program, including financial, is provided by Sullivan County's management infrastructure.

HF staff behind the "Health Train" installation, created by the FAW (far right) at the Sullivan County Health Summit in August 2013.

The Program Manager meets bi-weekly with the Director of Public Health, who acts as her supervisor through Sullivan County Public Health Services. In addition, the Program Manager attends meetings of various community agencies and coalitions. Staff collaborates with other community agencies throughout the year, creating many opportunities for receiving feedback about program services. This feedback is shared with the Program Manager for integration into program services where appropriate. The Program Manager also supervises the agency's Supervising Public Health Nurses who supervises the Maternal Child Health Nurses who are involved in servicing Healthy Families participants, and participates in management meetings with EI and WIC, who are likewise involved in servicing the same population. Staff performs routine outreach with other service providers and referral sources, to enhance communication and good will.

Summary

This annual review of cultural competency indicates that Healthy Families of Sullivan is meeting the criteria set to assure cultural competence. Although cultural competence is an on-going process, it seems that families are currently being served in a culturally competent manner.

Retention Rates

Healthy Families of Sullivan monitors its retention rate on an ongoing basis, and works towards families staying in the program for the full 3-5 years of services, and a minimum of two years after the birth of the target child. According to the Analysis of Enrolled Participants at Discharge MIS report, which looks at the retention of participants who were enrolled from 9/01/10 – 8/31/12, retention rates are 71% for up to six months, 59% for up to one year, 52% for 18 months and 47% for 2 years. In the latest Performance Indicators, for the period of 10/1/12 – 3/31/13, the retention rate for Sullivan HF was 57%, comparing favorably to the NYS rate of 52%.

Demographic & Social Issues

During this past contract year, 43 families were discharged. The family who had been in the program the longest was discharged after 1,671 days of service, and the family who had been in the program the least was enrolled for only 22 days. The average length of stay for all those who were discharged during the last contract year was 573 days (a decrease).

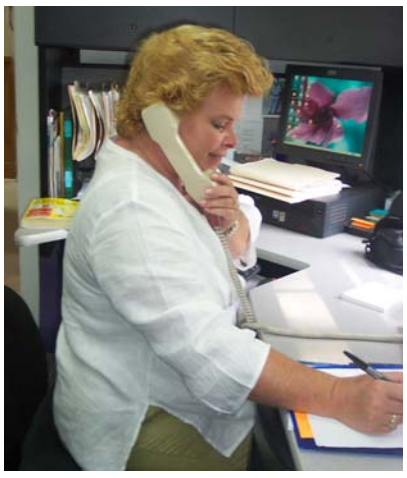
Healthy Families of Sullivan is doing a good job of retaining families regardless of most demographic factors, according to the "Analysis of Enrolled Participants at Discharge" report, which covers the period 9/01/10- 08/31/12, during which 75 participants were enrolled. The report excludes those who were discharged due to moving out of county, TC of PC1 death, miscarriage, lost custody, transferred within HFNY, involved in other program, or safety issues. Fifty percent (20) of the total discharges were due to refusals, including "unresponsive" or "non-compliance," ¾ of which occurred during the first six months of service. That is a decrease from last year's discharges due to refusals. Per this report, only 6 (15%) were discharged due to graduating or TC going to Head Start (at less than 24 months of age); actually more families were discharged due to graduating or going to Head Start in the same time period, but those TCs were older than 24 months, and this report only reports on families who were enrolled up to 24 months. Six families were discharged due to being unavailable due to school or employment. Three families who were aged less than 18 at intake were discharged before the TC was 6 months old, but no other young teen families (from the cohort of 7) were discharged. All those families discharged were married, same as last year. No families receiving TANF were discharged. Only households where PC1 or PC2 or OBP were employed were discharged. Those with Mental Health issues were discharged most frequently. The other

reasons for discharge were very scattered. It is not easy to analyze the specific reasons for refusals, except case by case. The average KEMPE score for those discharged was 39. Those who were discharged had received an average of 50 home visits. 8% were discharged from level X.
To draw conclusions from this data, it seems that if the program can retain a young teen family for more than six months, they will stay in the program. Also, it seems that if a family is more economically stable, they may leave the program. Those with mental health issues tend to be more difficult to retain and work with.

Programmatic Issues
As always, the most significant programmatic issue that impacted retention rates appeared to relate to trust and engagement, which is critical to the Healthy Families service model, but can be very difficult for FSWs on an ongoing basis in their long term work with families. The issue is continually discussed during supervision, team meetings, and informally. In the past, supervision has administered the Professional Quality Of Life Scale, a tool to assess compassion fatigue and burnout, to objectively identify which workers need extra support and/or intervention. The program implements staff development and stress reduction activities on a routine and regular basis to assist with maintaining workers as well as flexible work schedules, an open door policy for supervision, and makes it a priority to be open and responsive to our workers' needs for support.

The other programmatic issue affecting retention has been worker turnover. The impact from even one worker leaving affects the retention rate for several years in such a small program. Happily, there has been no turnover since the fall of 2010.

The following are some other program practices that are part of improving the retention rate:



FSW Supervision: One of the topic areas covered at these weekly supervisory sessions is to discuss families that workers are having difficulty engaging or who are on Creative Outreach. These discussions include reviewing the participants' history as well as their level of involvement in the program. Factors such as how we are meeting participants' scheduling needs, age, worker dynamics, current stressors and partner involvement are discussed as well. Strategies to reengage these families are discussed at this time. Often, assuring that other family members are engaged and supportive of the program can assist with retention. Workers may also have their own issues as far as "hunting" participants or doing street outreach, especially if they are very busy with their other families. Supervision strives to problem solve and brainstorm individualized strategies to go farther to reach and engage those "hard to reach" families.

Team Meetings: At these meetings, staff is often involved in case presentations. One of the areas management asks staff to address (as appropriate) is the barriers they may be experiencing working with a particular family, as well as identifying the family's strengths. Opening these discussions to the group has been helpful in assisting workers to keep a family involved in the program, and to overcome both the worker's and family's resistance and barriers. When workers are afraid to address a problem they are experiencing in their relationship with a participant, discussion within a peer group can change their perspective and normalize their fears.

Parent Groups: Unfortunately, due to budget cuts, the last parenting group was the Annual Picnic in August of 2010.

Quality Assurance Activities: The PM or Supervisor attempts to complete a Participant Satisfaction Survey for every family each year. Many of the questions in the survey gather information about how the participant feels about the quality of the services, asking participants if they have any ideas for improving the program, how they feel about their relationship with their worker and if the program is what they expected. The PM or Supervisor also endeavors to conduct Exit Interviews when participants leave the program. Many of the questions are similar to those on the Participant Satisfaction however; on the Exit Interview participants are also asked if the program could have done anything differently to have kept them in the program. The results of these surveys are discussed with the FSWs in supervision and team meetings. (See Family Input section.)

Home Visit Achievements Rates

The program had an over all home visit achievement rate of 100% during this contract year (based on 2,170 actual visits, compared to 2,135 expected visits to 114 cases), with an in home visit rate of 98%. These rates reflect the excellence of the staff the program has had and their conscientiousness, creativity, and persistence.

Healthy Families of Sullivan's HFA rate (Healthy Families of America Home Visit Completion Rate) is 90% for the contract year, a big improvement from last year's 81%. Over the years, the rate has shown continual improvement. The Supervisor continues to coach each FSW strategically, to keep focused on this goal.

Staff Turnover

The following are used for gathering information regarding personnel turnover:

- Resignation letters must include reason for resignation
- Conversations between Program Manager or Supervisor and the employee who is resigning.
- Conversations between the Public Health Director and the employee who is leaving.

Most recent Healthy Families of Sullivan analysis of personnel turnover:
From September 1, 2013 - August 31, 2014:

There has been no staff turnover during this contract year.

Summary of Findings and Steps Taken
N/A.

Performance Target Achievement

Health and Development Targets

During this contract year, Healthy Families of Sullivan achieved all Health and Development Targets at 100%. Since the host agency is the county's Department of Health, these Health performance goals are high priority. The FSWs understand the barriers that many families face in getting immunizations and access to medical providers, such as lack of transportation and language barriers, and work hard to help families overcome them by routinely assisting with advocacy, translation and transportation.

Parent-Child Interaction Targets

Healthy Families of Sullivan was successful with most of our PCI targets (those with a cohort.) The breastfeeding target closed the contract year at 43%. Maintaining the breastfeeding rate remains a struggle at times, and the program has invested in at least yearly inservices, educational materials for our PC1's and FSWs, and have been focusing on improving this target by solidly enlisting all FSWs in extensive efforts to support their families to breastfeed. Once again, this year, staff participated in our annual Breastfeeding Walk during August to increase community awareness of the need to support breastfeeding mothers' rights. For PC13, there was a cohort only for the last two quarters (2 cases) for which the program scored 50%, due to a teenaged participant who is very stressed.

Maternal Life Course Targets

Healthy Families of Sullivan did well this year in encouraging self-sufficiency, as reflected by meeting or exceeding all but two of the targets. MLC5 and 6 have always been difficult to meet. There is less public transportation available than ever, and participants who are not located centrally in Sullivan County have now no means for public transportation to GED programs. At the time of this writing, after the elimination of TASA and Evenstart, there are even fewer GED and educational programs, and none that provide transportation. For such a small program, one or two families can have a long term negative impact on performance targets. Staff continues to encourage participants to prioritize education as one of their goals, and to assist them to recognize and utilize such opportunities as they may have.

Community Collaboration

Healthy Families of Sullivan plays an integral role in community efforts throughout Sullivan County to address the needs of its target population. The following describes some of these efforts.

Through the hosting agency, Sullivan County Public Health, Healthy Families is linked to Public Health Services' MCH programs, Early Intervention, Child Find, WIC, Epidemiology programs, Immunization, HIV, Sullivan County's Car Seat Coalition, Cribs4Kids, and STD clinics. Healthy Families can easily access and collaborate with workers from Medicaid, Public Assistance, HEAP, Childcare, Foster Care and Adoption Services, and Mental Health Services, who are under the County umbrella. The program is housed in the same building as the Child Care Council. As a Public Health Services program, the program benefits from the connections built over the years to other providers and community agencies. Other collaborations are previously described in this report.

Publicity

Healthy Families of Sullivan has been continuing outreach efforts, which are tracked in an Outreach binder. The FAW and FSWs outreach to new participants as they attend WIC clinics or at pediatrician offices, and wherever the opportunity presents. Healthy Families posts a bilingual poster throughout our target areas. Display stands with our pamphlets folded with our self-referral form are standing in all OB/GYN offices and clinics, other service agencies, and at WIC. HF is featured in a brochure and poster (bilingual) of Sullivan County Public Health's Maternal-Child Health Programs. Healthy Families of Sullivan also has a webpage, which is linked to Healthy Families New York's website; http://www.scgnet.us/index.asp?orgid=600&storyTypeID=&sid=&. Healthy Families staff performs in-services about Healthy Families' philosophy and practices for all new staff of Sullivan County Public Health Services, and for the Latino Service Providers' Consortium. The Healthy Families New York video was used in these presentations with a display board.

On-going publicity for the program occurs mostly through the outreach of Public Health Services, by posting flyers and distributing brochures in businesses, health centers, apartment houses, food pantries, churches, etc. In addition, publicity occurs at the meetings which Healthy Families staff attends. The Supervisor attends the Sullivan County Parenting Symposium, which is a networking meeting for all Sullivan County programs serving youth and families, as well as numerous other meetings such as the Maternal Child Health QI (internal) and the county's Maternal Child Health Task Force. The PM's supervisory and collaborative activities, described previously in this report, also provide outreach, increased collaboration and visibility for HF in the context of the service community, locally and regionally.

Healthy Families of Sullivan operates the formula bank for the county, giving out WIC's unused formula and donated formula and baby food to needy families. The "Cribs for Kids" Program is now being primarily coordinated by the FAW, who conducts all the clinics. This effort was spearheaded by HF's Supervisor, Patricia Bennett, as a response

to the infant deaths which occurred during the 2008-2009 contract year at HF. Patricia also initiated Sullivan County's Car Seat Coalition, which she is currently managing. One FSW functions as the senior Car Seat Technician. Both programs act as a gateway for potential participants. The PM's supervisory and collaborative activities, described previously in this report, also provide outreach, increased collaboration and visibility for HF in the context of the service community, locally and regionally.

The HF team has had considerable discussion about the benefits of social marketing and networking to increase participant retention and involvement. County management currently prohibits the operation of a Facebook, Twitter or other social media site, despite the prevalence of these practices for similar programs.

In April, HF collaborated with the Department of Family Services to participate in the campaign "Pinwheels for Prevention" at sites in Monticello and at the Liberty Human Services Complex, where HF's office is located. Many people stopped to admire the sight of the pinwheels sparkling in the spring sun, and to read the posted messages raising awareness about child abuse and neglect.

Above: Family Support Workers, Susan Hyrnko, FSW (left) and Dina Jester, FSW (right) of Healthy Families of Sullivan County help pack diapers to assist those in urgent need.

HF has continued to act responsively to participants' need. Due to the very constrained HF budget, the program was unable to purchase diapers this year, and for some families, diapers were beyond their means. In May, 2014, the United Way donated $1000 to the program for diapers "to close the diaper gap" in order to help those in urgent need to keep their children clean and healthy.

August 2013 was Breastfeeding Month, which was honored in Sullivan County by the Sullivan County Lactation Consortium. Healthy Families was one of the partnering programs. The Walk was held in South Fallsburg at National Night Out on August 6, and was attended by Assemblywoman Aileen Gunther.

Curriculum

Healthy Families staff and participants had been utilizing the curriculum developed by Florida State University, augmented by Learning Games, The Magic Years, and the San Angelo curriculum, as well as the prenatal materials from PCANY. In August 2014, the staff began using the revised San Angelo Curriculum as the primary curriculum, and will gradually phase out the FSY curriculum. Staff members continue to incorporate pamphlets, videos, DVDs and other supplementary materials to accomplish our educational goals. Management encourages staff to bring items and demonstrate activities during our team meetings to give workers hands-on experience utilizing materials and learning from each others styles. The program has had very positive feedback concerning the FSU curriculum from FSWs and families, as documented on satisfaction surveys and informally. The program owns several other curriculum such as the 24/7 Dad and the EPIC curriculum, but those are not widely used.

Training and technical assistance needs

As described previously, trainings requirements are successfully met in house or intra-agency and through the Healthy Families of America Learning Center, due to the economy and the cost of travel. The program's technical assistance needs are currently being met at a very high degree by the support of OCFS, Rockefeller College and Prevent Child Abuse New York.

Funding

Healthy Families of Sullivan is funded in part locally from the county's General Fund, and by a grant from the New York State Office of Children and Families. Beginning in October 2013, the Sullivan County Department of Family Services agreed to provide

some funding for the program from COPS funding. Since 2009, all budget lines for HF have been decreased or eliminated as far as possible. All purchasing has ceased except for absolute necessities such as curriculum and a minimum of office supplies. Sullivan County Healthy Families' continuing philosophy of practice is to focus on direct services to families and to strive for measurable demonstrations of excellence within the HF model.

Review Of Annual Report

This Annual Report will be submitted to our Advisory Board Committee members; Onalie Petit, Stephanie Sosnowki, Lynne Carlin, Donna Willi, Amanda Speer, Kaytee Warren, Sherrie Eidel, and Kathy Meikle. It will also be reviewed by Nancy McGraw, Director of Public Health. Other monthly, TANF, Quarterly and Annual reports are routinely submitted to the Director of Public Health and to other Sullivan County personnel. All reports are sent to our contract manager at OCFS. The Annual Service Review will be posted on the Healthy Families of Sullivan website and on the Health Information/Data page of the Sullivan County Public Health Services website.

SUMMARY

The annual service review has indicated that the Healthy Families of Sullivan program is meeting the criteria set to assure cultural competence and program quality. This document will be sent to all Advisory Committee members, with comments and recommendations solicited. Any recommendations or comments will be documented and considered for inclusion in future plans for service improvement.

Respectfully submitted,
September 30, 2014
Lise Kennedy PM, DPS