Healthy Families of Sullivan
ANNUAL SERVICE REVIEW
September 1, 2014 – August 31, 2015

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 high numbers (proportionally) of minority participants, since most of the program referrals come from WIC and other human service programs, which serve residents living in poverty.

Race/Ethnicity Table

	Sullivan County Residents	Healthy Families PC1s
White	81.2%	33%
Black	9%	20%
Hispanic	13.9%	40%
Asian	1.6%	3%
Other/Multiracial	2.4%	4%

U.S. Census Bureau/AmericanFactfinder 2013

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 77,134 (*American Factfinder ACS Demographic & Housing Estimates 2009-2013*). 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 had 728 live births in 2014, a slight decrease (*Sullivan County Public Health Birth Certificates.*) In 2010-2011, 24.6% of Sullivan County's children lived at or below poverty, compared to NYS rate of 22.8 and there was an unemployment rate of 6.7 compared to the state's rate of 6.3 in 2014 (NYS Kids' Well-being Indicators Clearinghouse - KWIC). In 2013, 35.1% of residents lived in poverty. Twenty-six percent of children in Sullivan County lived below poverty in 2013, as did 40.1% of Black families, 19.2% Hispanic and 17.2 percent White. 29.4% of children lived in households receiving Public Assistance (Census Factfinder). Sullivan County had a premature (less than 37 weeks gestation) birth rate of 12.8 compared to NYS rate of 11.7 (2010-2012), a 3 year average (2010-2012) infant mortality rate of 5.4 compared to NYS rate of 5.0 (2012), a neonatal mortality rate (from birth to less than 28 days of life) of 4.6 compared to the state's rate of 3.4, and a low birth weight rate of 9.3 to NYS rate of 8.1 during the same years. The percentage of births to women aged over 25 without a high school education in 2010-2012 was 16.8, compared to the state rate of 14.5 (NYS DOH CHAI).

Sullivan County was rated once again in 2015 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 2nd worst in terms of length of life and the third worst in terms of quality of life, with 26% smoking rate among adults, 30% adult obesity, a 30% teen birth rate (out of 1,000) compared to the state rate of 24, and a rate of population to primary care physicians dentists that is more than 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, involving 1,523 children. Four hundred sixty-seven children were involved in an indicated case of abuse (*NYS Office of Children and Family Services.*) In 2014, Sullivan County had a rate of 27.8 of children and youth involved in indicated reports of

Abuse/Maltreatment, as compared to the NYS rate of 16.5, and a 2.2 rate of children admitted to foster care, compared with NYS's 2.0 (*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. During 2015, several of the major business owners employing the undocumented "cracked down" on them and there were massive layoffs, especially in Liberty. Many undocumented residents have now left the county and this exodus may accelerate as the weather gets colder.

Observant Jewish families have been steadily moving into Sullivan County, but have not been 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. A federally subsidized health care center named Rafuah is located in South Fallsburg and serves 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 Probation, Crystal Run HealthCare, The Recovery Center, Dr. Gill, Rehabilitation Support Services, Independent Living, 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/Outreach & Referrals
Healthy Families of Sullivan received 610 screens (403 unduplicated) from 9/01/14 – 8/31/15 from all over Sullivan County. 490 of the referrals came from WIC.

	Total Referrals	WIC Referrals	Referral Sources
2014-2015	504	344	41
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

Thirteen 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 Hudson River Healthcare's Women's Health Center's prenatal providers' offices during the last year. The boxes were purchased through an NNPHI (Robert Wood Johnson) grant.

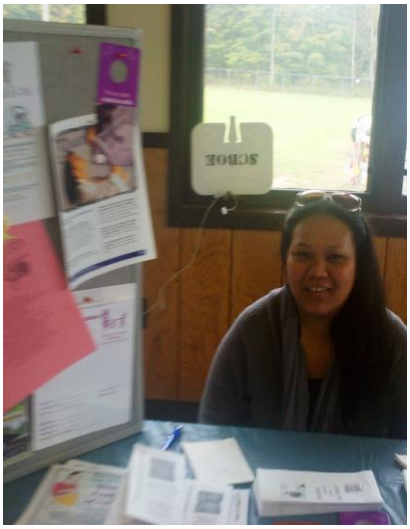
Ninety-two percent of the total referrals were prenatal, and only 4% were postnatal more than 2 weeks after the target child was born. There were only 3 negative screens. Ninety-seven (19%) of the positive screens were not referred for assessment. Of these, 62% were duplicates, 11% were previous participants, 8% were for Target Children who had aged out, 3% were inappropriate referrals for the program, 5% were subsequent births for open cases, 1 case was already involved in another program, and 4% were located out of Sullivan County. Eighty-six 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: 504 screens divided by 728 births is 69%. 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 and there are only two prenatal providers in Sullivan County. 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 is Hudson River Healthcare, a federally funded clinic which serves low income and minority patients. Getting referrals from them requires a nurse performing scheduled outreach and obtaining self-referrals from patients waiting to be seen, because the clinic staff has refused to send referrals. Due to nursing staff shortages, there has been limited outreach during the last six months. Additionally, there were many fewer WIC referrals this last year, reflective of the low WIC enrollment.

In reality, although the program aspires 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.

Assessment



Healthy Families conducted 85 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. Eighty percent of these KEMPEs were assessed prenatally or within 2 weeks of the birth. Twelve KEMPEs were negative and 73 were positive. The average score of the Primary Caretakers (mothers) was 34. Of the positive assessments, 10 were terminated pre-intake; 3 families were unresponsive, 2 refused, 1 family moved out of the target area, 2 were unavailable due to school or employment, 1 Target Child had aged out and 1 family could not be reached or contacted. The other 49 positive assessments were assigned to FSWs; 51 were enrolled and 2 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 PM 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 67% and refusal rate is 33%. On that report, out of 73 positive KEMPEs, 49 enrolled and 24 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 one 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 individual 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. Planned vacations can be instrumental to help the FSW recharge.

According to the MIS data, in the 2014-2015 contract year, approximately 1/2 of Caucasian, multiracial and Hispanic families did refuse, while only .2 African American families refused. Both Asian families enrolled. Parents who were unmarried were more likely to enroll, as were parents with less than 12 years of education. Those with a KEMPE score under 49 were more likely to enroll than parents with higher scores. All 3 families enrolled who were assessed in their first trimester of pregnancy while 1/3 of those in the 2nd, 3rd or postpartum refused. All 4 families under 18 accepted services, while 1/3 of those aged greater than 18 refused.

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.

Enrollment Capacity/Utilization
At the beginning of the contract year, there were 71 enrolled families. Fifty-one new families were enrolled during the year, and 46 discharged. At the end of the contract year, there were 76 enrolled families, or 95% program capacity for 4 full time FSWs.

Historically, the program has usually maintained at least an 85% capacity. During the last year, the FAW effectively increased the number of monthly assessments from 6 to 8 in order to increase capacity. Although the FSWs are very busy, they appear to be coping well with the increase. The program plans to continue the standard of 8 assessments per month in order to most fully serve the target community.

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 Family Goal 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 Program Manager/Supervisor, all of whom have been employed in the program for at least 6 years. During the first 3 quarters of this contract year, the Program Manager was a .25% Program Manager. She had been PM since the program started in 2002, and her years of experience and strong relationship with the Supervisor allowed her to continue to effectively perform PM functions during the limited time she had relative to her other job duties for the host agency. In the summer of 2015, the Supervisor was promoted to Program Manager, as she had effectively been performing most of the PM functions already. The previous PM continues to function as the program's supervisor for the host agency and to support and train the new PM. The current PM is continuing to perform all the Supervisor functions, until a new Supervisor is hired. The FAW, Supervisor, PM and one FSW are cross-trained for multiple roles. The Database Clerk is employed .10, and is primarily there to file as the other staff are all entering data. 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 50 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/Supervisor and FAW 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: Lead Poisoning Prevention, Fatherhood Summit 2014, Infection Control/Barrier Precautions, Mandated Reporter, Corporate Compliance, Breastfeeding Basics for Health and Human Services Professionals, Advanced FSW training, Program Manager Orientation, Vicarious Trauma/Compassion Fatigue, Implementing a Comprehensive Approach to Suicide Prevention, Public Health Efforts to Prevent Child Maltreatment, Project Lazarus, Crisis Prevention & Intervention, Overview of Major Mental Illness, and Cultural Compliance. The FAW and Supervisor benefited from additional FAW training during a two day site visit from a PCANY trainer.

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. Wraparound (orientation) training will now take 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 and exit interviews 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, rated the program as "excellent," and knew who to call if there was a problem or complaint. 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 "treats me like a mom," "treats us well," "I know I can depend on her for anything." 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 meet on a quarterly basis. 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.

The Program Manager meets regularly with the Director of Patient Services, who acts as her supervisor through Sullivan County Public Health Services, and participates with the agency's Management Committee. In addition, the Program Manager attends meetings of various community agencies and coalitions, such as the Sullivan County Breastfeeding Coalition and the Maternal, "BAT" Bringing Agencies Together for Sullivan County, Head Start Advisory meetings, and Infant Community Health Collaborative. 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. 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 9/01/11 – 8/31/13, retention rates are 69% for up to six months, 59% for up to one year, 53% for 18 months and 45% for 2 years. In the latest Performance Indicators, for the period of 10/1/14 – 3/31/15, the retention rate for Sullivan HF was 57%, equal to the state rate.

Demographic & Social Issues

During this past contract year, 46 families were discharged. The family who had been in the program the longest was discharged after 1,734 days of service, and the family who had been in the program the least was enrolled for only 11 days. The average length of stay for all those who were discharged during the last contract year was 544 days.

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 9/01/11- 08/31/13, during which 90 participants were enrolled and 102 participants were discharged. 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. Twenty

of the total discharges were due to refusals, most of which occurred during the first six months of service (the same number as last year.) Per this report, only 7 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. Four families were discharged due to being unavailable due to school or employment. Out of nine families who were less than 18 at Intake, 4 were discharged in the first six months, and then only 2 were discharged between 18 and 24 months. Any family older than 18 at Intake was much less likely to be discharged, although most discharges did occur in the first 6 months. All the families discharged were married or had unknown marital status, same as last year. More than half of the 7 Black families who enrolled were discharged; Hispanic families were the most likely to stay in the program. Families with other children in the household were more likely to stay enrolled. No families receiving TANF were discharged. Families who were not in an educational program were discharged 3 times more often. 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 38. Those who were discharged had received an average of 53 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. Hispanic families, the unemployed, the unmarried, families receiving TANF, and families with other children stay in the program more often. Perhaps, if a family is more economically stable, they may leave the program. Those with mental health issues and teens (under 18) are more difficult to retain and work with.

Programmatic Issues

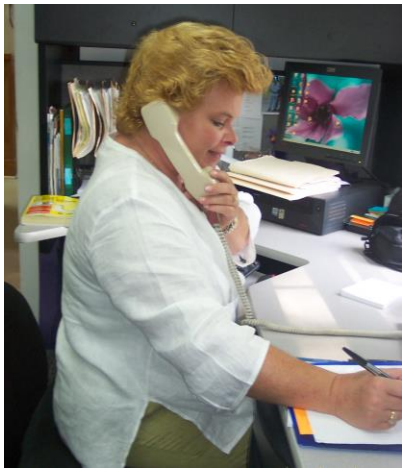
As always, the most significant programmatic issue that impacted retention rates appeared to relate to trust and engagement, which is critical to the Healthy Families service model, but can be very difficult for FSWs on an ongoing basis in their long term work with families. The issue is continually 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/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 a home visit completion rate of 100% during this contract year (based on 2,087 actual visits, compared to 2,086 expected visits to 117 cases), with an in home visit rate of 97%. 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 83% for the contract year, down from last year's 90%. The PM/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, 2014 - August 31, 2015:
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 Public 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 they work hard to help families 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 47%, and increase from last year. 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 & 14, due to one family in a cohort of 1, the same as last quarter, due to the same family. In a small program, one family can severely impact the ability of the program to reach targets for the duration of their enrollment.

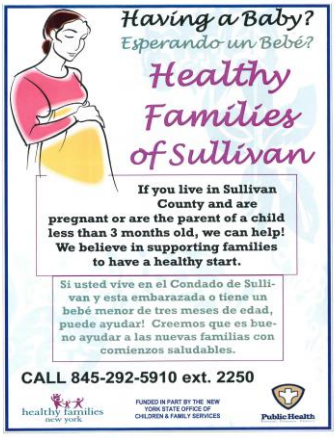
Family Life Course Targets

Healthy Families of Sullivan did well this year in encouraging self-sufficiency, as reflected by meeting or exceeding all but two of the targets for most of 4 quarters. FLC5 and 6 have always been challenging. This year the targets were not met due to a mother who is fully involved in an employment program, which is not degree-bearing, two families who are working and who currently have no educational goals, and one mom who returned to high school before the Follow-up Form came due. There is less public transportation available than ever in Sullivan County, and participants who are not located centrally in Sullivan County have now no means for public transportation to GED programs. 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, the Immunization program, HIV testing and counseling, 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. The FAW produces the "Healthy Families Newsletter," featuring her own artwork. In addition, publicity occurs at the meetings which Healthy Families staff attends. 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
August 2015
BACKPACK FOR HOPE SCHOOL SUPPLY DRIVE
Boys & Girls Clubs are collecting school items to fill backpacks for children in need throughout Orange and Sullivan Counties.
Donations are accepted through August 12th and can be dropped off to multiple locations including: Jeff Bank in Jeffersonville, Roscoe Diner, Monticello Raceway, and Sullivan County Government Center.
To participate in the Backpacks for Hope School Supply Drive, please check the attachment or for more information please call (845) 342-8833 or visit www.bgcorange.org.
SULLIVAN COUNTY PUBLIC HEALTH IMMUNIZATION CLINICS 2015
EVERY FIRST WEDNESDAY OF THE MONTH 4:30-7 PM AT THE SHARED CLINIC FACILITY ON SUNSET LAKE ROAD, N.Y.12775 (845) 292-5910. PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORDS WITH YOU. A PARENT OR RESPONSIBLE ADULT MUST ACCOMPANY AND SIGN A PERMISSION FORM BEFORE THE CHILD OR YOUTH, UNDER 18 YEARS OF AGE, RECEIVES ANY VACCINATION.
Sept 2, Oct 7, Nov 4, and Dec 2.
Sullivan County Breastfeeding Support Group
Where: Catskill Regional Medical Center, Harris, NY. 3rd floor in ASB Building, staff training room.
When: 1st and 3rd Thursday of every month at 10:00 a.m. to 12:00 noon.
*Groups are limited to infants to a year old.
Contact: Stephanie (845) 492-9027 Lynette (845) 513-2262
The New Joy of Coloring
Color for Your Health
Coloring engages both sides of your brain in that it's both creative and tactical. This is according to psychologist Alice Domar of the Domar Center for Mind/Body Health in Boston. It keeps you focused and relaxed. Coloring is also a great way to spend time with your children! It encourages them to be creative and gives you a great opportunity to bond and work with them in deciding what colors to use for your projects.
"Coloring brings you back to a simple time, it's pleasurable, it's a chance to sit and be mindful... and at the end you get this beautiful result."


HEALTHY FAMILIES OF SULLIVAN
2015 AUGUST WIC SCHEDULE
MILK
Monticello— August 3, 4, 6, 10, 11, 13, 17, 18, 20, 24, 25, 27, and 31st from 8:00 a.m. to 4:00 p.m.
Wurtsboro— August 6 from 8:00 a.m. to 4:00 p.m.
Liberty— August 5, 7, 13, 14, 20, 21, 27, and 28 from 8:00 a.m. to 4:00 p.m.; August 19 from 11:00 a.m. to 7:00 p.m.; August 26 from 10:00 a.m. to 6:00 p.m.
Woodridge— August 12
Jeffersonville— August 20 from 8:00 a.m. to 4:00 p.m.
*For more information contact (845) 292-5910 and press #5 for the WIC program.
I ♥ school!
Get in Gear for the New School Year Back-to-School Tips for Parents
FREE BACK TO SCHOOL SUPPLY AND CLOTHING GIVE AWAY!
Fallsburg Library presents Community Outreach Day
Saturday, August 15th, 2015 from 12:00 p.m. to 4:00 p.m.
All children must be present and have their school supply list with them.
This community event is co-sponsored with Fedelis Care, A Friend in Need, and many other community members.
For more information contact Ms. Rena at (845) 436-6067
Get the children to bed on time.
Communicate with teachers and the school.
Provide for healthy meals.
Take your child to the doctor and make sure your child has health insurance coverage.
Prepare a study area.
Read together.
And also, autumn is coming so make sure you dress your children in layers when going out. A sweater on top of their shirt in the morning to keep them warm, something that they could easily take off once it gets hot.
Sources: www.ed.gov
Healthy Families Staff
Pat—Program Manager Ext: 2250
Family Support Workers
Jill Ext: 2251
Susan Ext: 2253
Maria Ext: 2255
Dina Ext: 2257
Family Assessment Worker
Ann— Ext: 2254
For comments, questions, and contributions, please contact: Patricia.Bennett@co.sullivan.ny.us (845) 292-5910 Ext: 2250

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 is now coordinated by staff from the host agency and is comprised of many community volunteers and participating agencies, including local police and the hospital. One FSW functions as the senior Car Seat Technician. Both programs act as a gateway for potential participants. The PM/Supervisor's 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.

August 2015 was Breastfeeding Month, which was honored in Sullivan County by the Sullivan County Lactation Consortium. Healthy Families was one of the partnering programs. The Breastfeeding Walk and the Rock and Rest was held in South Fallsburg at National Night Out on August 4, and was followed by an event "Latch on in the Garden," at Catskill Regional Medical Center on August 6, an event sponsored by Assemblywoman Aileen Gunther.

Curriculum
Healthy Families staff and participants are using the revised San Angelo Curriculum as the primary curriculum, augmented by the FSU curriculum, Learning Games, The Magic Years, and the prenatal materials from PCANY. 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 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 funding for the program from COPS funding, as available. 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, 2015
Lise Kennedy DPS
Patricia Bennett, PM