

Healthy Families Travis County 2010-2011 Annual Program Review



Healthy Families Travis County (HFTC) began serving families in Travis County in 1997. The program has offered Assessment and Home Visiting services to approximately 1500 families over the years. Approximately half of those have been enrolled in intensive Home Visiting Services. While the program originally focused on child abuse prevention, the focus has grown over the years to encompass overall infant mental health. The program works closely with families to offer parenting education, child development screenings and information and helpful community resource information in order to enhance overall family functioning.

Program goals include:

- Build and sustain community partnerships to systematically engage overburdened families in home visiting services prenatally or at birth.
- Cultivate and strengthen nurturing parent-child relationships.
- Promote healthy childhood growth and development.
- Enhance family functioning by reducing risk and building protective factors.

Additionally, Healthy Families Travis County adheres to the home visiting model developed by Healthy Families America and supported by Prevent Child Abuse America. HFTC adheres to critical elements which provide the framework for program development and implementation. All staff receive intensive training in this model in order to offer the best and the most appropriate services for each family's unique situation. HFTC has twice been nationally accredited for its adherence to these critical elements, or Best Practice Standards. This Annual Program Review will highlight each of those 11 elements to show how HFTC addresses each Standard.

1. Initiate services prenatally or at birth.

Healthy Families Travis County received referrals from local CommUnity Care clinics, i.e. South Austin, Montopolis, North Central (formerly Northeast), A. K. Black, North Rural; also the following high schools – Akins, Travis, and Eastside Memorial. In the past couple of years, the referrals from the East Austin clinic and the Rosewood-Zaragosa clinic have steadily declined due to the changing demographics of Travis County neighborhoods. Therefore, outreach is no longer conducted in those clinics. All pregnant moms at these clinics receive a packet of information which allows them to consent to be contacted by the program's Assessment Worker. For those who agree, the Assessment Worker screens for 1st time moms and moms who live in the primary zip codes that we serve. These zip codes have also changed a bit over the years due to changes in neighborhood demographics. The primary zip code areas served by HFTC are: 78617, 78704, 78741, 78744, 78752, 78753, and 78758.



During 2010 and 2011, the program served 173 and 180 in home visiting services respectively. The majority of the families resided in the following zip code areas: 78744, 78741, and 78758. However, after Assessment and/or Enrollment, many families move. As long as they continued to reside in Travis County, they still received services, no matter what zip code. Most of the families served were Hispanic immigrant families, who spoke primarily Spanish. About one-third of the families served spoke English or were bilingual. In recent

years, the program has enrolled more English speaking families and more moms who work or go to school. In fact, during these two years, a significant number of parents also showed an interest in attending college.

In speaking with home visitors, they believed that most families who accept home visiting services did so because they needed additional support, were often isolated, and had language and transportation barriers. For those reasons, Home Visitors believed that those families were more receptive to having someone come and coach them about parenting, child development and community resources.

2010							
AGE at Assessment	Number of Screens who Received Assessment	Number of Positive Assessments	Number who Accepted Home Visiting Services	Number who Declined Home Visiting Services	Program Full	Number who Received 1 st Home Visit (Enrolled)	ACCEPTANCE RATE
Prenatally	142	136	126	10	39	74	126-39=87 74/87=85%
Birth to 2 weeks	-	-	-	-	-	-	-
2 weeks to 3 months	1	1	1	0	0	1	100%
Over 3 months	1	1	1	0	0	1	100%

- For those who did not have a positive assessment, it was due to low scores and one refusal.
- Those who declined HV services did so primarily due to work schedules; all were Hispanic, single, early 20's. During this time, one FAW who had the most refusals was offered coaching as to how to present the benefits of the program in a more positive light.
- The program was FULL when all staff had full caseloads and were unable to offer home visiting services to new families. During 2010, one Home Visitor was on leave for an extended period of time. Also, and 3 new Home Visitor maintained lower caseloads of 15 rather than 20. During this time, Assessment Workers followed up with community referrals for families who could not be enrolled.

2011							
AGE at Assessment	Number of Screens who Received Assessment	Number of Positive Assessments	Number who Accepted Home Visiting Services	Number who Declined Home Visiting Services	Program Full	Number who Received 1 st Home Visit (Enrolled)	ACCEPTANCE RATE
Prenatally	142	140	140	0	25	88	140-25=115 88/115=77%
Birth to 2 weeks	-	-	-	-	-	-	-
2 weeks to 3	1	1	1	0	0	1	100%

months							
Over 3 months	-	-	-	-	-	-	-

- For those who did not have a positive assessment, one was due to scores and the other, as it turned out, was not a first time mom.
- Though 140 were interested in home visiting services, 25 could not be enrolled as the program was FULL. The reason was similar to the previous year. Additionally, a number of families were Never Enrolled. This data is analyzed in the Retention Rate section of this report.

2. Use a standardized (i.e., in a consistent way for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for child maltreatment or other poor childhood outcomes (i.e., social isolation, substance abuse, parental history of abuse in childhood).

During 2010 and 2011, Healthy Families Travis County had one full-time Assessment Worker and one part-time Assessment Worker. Both were trained by Healthy Families America in using a 15- point Screening tool and the Family Stress Checklist (also known as the Parent Survey). These tools assess the presence of factors associated with increased risk for child maltreatment or other poor childhood outcomes. Each assessment is reviewed, with scores validated by supervisors. Every family who received home visiting services has a current assessment in their file. When cases are assigned to home visitors, the supervisor reviews this assessment with the home visitor prior to the initiation of home visiting services.

3. Offer services voluntarily and use positive outreach efforts to build family trust.

All services in the Healthy Families Travis County program are offered voluntarily. Families can exit the program at any time for any reason. The program considers it a success when a family either remains actively enrolled in the program and/or graduates (when baby turns 3 years old). In 2011, most of the families who exited the program did so due to a **MOVE**. Over 20 families moved out of the county and we could no longer offer services. This was different that 2010, as that year, most families exited the program due to being **LOST**. In this case, families lost contact with their home visitor and the home visitor was unable to re-establish contact. Second to those reasons, most families who exited actually **GRADUATED** the program.

Program Retention Rate is calculated by counting those families currently enrolled in the program versus all the families that were served during the reporting period. Families who **MOVE** are not counted in this measure.

2011 RETENTION RATES			
Length of time families received home visiting services	1 yr.	2 yrs.	3 yrs.
Percentage of families	48%	25%	49%

The data was similar in 2010. Healthy Families Travis County has a good track record of seeing about half of its population remain in the program for 3 years. This rate is pretty good considering all the challenges facing families these days – economy, job loss, domestic violence, substance abuse. Much of this is attributed to the individual characteristics of each home visitor and the positive relationships that they build with the families.

The majority of families who remain in the program at each interval are Hispanic moms in their early 20s. A little more than half of them are employed and/or in school; half are married and half are single. The moms who

do not stay involved in the program for a significant amount of time, and are enrolled least, are African American teens. However, it is difficult to seriously analyze this, as the program receives very few African American families each year. In addition to analyzing overall program retention, HFTC also analyzes the retention rate per home visitor and the demographics of the families exiting the program. This information is useful in analyzing trends, patterns, and for quality assurance purposes. For example: Newer staff members usually have lower retention rates as they have not been around to have families for a year, 2 years, etc. But also, it may take them longer to build relationships with families. For each staff member, the program reviews the following reasons why a family may leave the program: **GRADUATE, PARENT REQUEST, LOST** and **NEVER ENROLLED**. The families who Never Enrolled are not considered in the staff's retention rate, but it is analyzed in terms of job performance. For example, if a worker has a high number of Never Enrolled, the supervisor may want to provide coaching on the use of more persistent and positive outreach methods. Also, if a staff person has a high number of Lost families; it may be helpful to analyze patterns. For example, one worker lost a number of families that were reported to CPS. Things to consider could be: Is the worker new and unfamiliar with reasons to report to CPS? Did the worker offer the family support after the report was made? For 2011, the home visitors had the following retention rates within their caseloads:

Home Visitor	REASONS FAMILIES EXIT THE PROGRAM					Home Visitor Retention Rate	NEVER ENROLLED (not counted)
	GRAD	MOVE (not counted)	PARENT REQUEST	LOST			
1	2	6	4	2	60%	4	
2	1	4	0	1	81%	3	
3	1	3	1	3	71%	6	
4	0	3	1	2	75%	1	
5	6	2	0	2	85%	1	
6	0	2	4	0	71%	5	
7	0	2	2	1	81%	0	
8	7	2	0	1	89%	1	

2010 showed similar trends among some of the home visitors, although there were more new staff. Therefore, not as much data to analyze.

4. Offer services intensively (i.e., at least once a week) with well-defined criteria for increasing or decreasing frequency of service and over the long-term (i.e., three to five years).

Each family enrolled in home visiting services begins prenatally at Level IP or within two weeks of baby's birth at Level I. On this level, they receive weekly visits from their home visitor. The majority of families stay on Level I for approximately 9-12 months. After the family has achieved a number of goals and are not in crisis, they usually show an interest to progress to Level II. At this time, they are visited every other week. Families

usually progress to Level III, monthly visits, when the baby is between 18 months and 24 months of age. Finally, families move to Level IV, quarterly visits, when the baby is between the ages of 24 months and 30 months. Families graduate the program when the baby turns 3 years old.

2011 Annual Home Visit Rate: **82%**

2010 Annual Home Visit Rate: **87%**

The standard set by Healthy Families America is: 75% of families receive at least 75% of their required visits. Healthy Families Travis County exceeded that for both years. The home visit rate is an extremely important gauge in regards to quality assurance, as regular contact with the families is the cornerstone on which this program is built upon. By comparison, the Home Visit Rate for 2010 was most likely higher than 2011 due to the fact that there were 3 relatively new Home Visitors with small case loads. At the same time, the newer Home Visitors had a more difficult time enrolling new families. However once they did, they kept very regular visits their families. In 2011, there was only one new Home Visitor. Additionally, staff were out more frequently for various reasons, which also reflects in the lower Home Visit Rate. When this happens, the program makes every effort to try to cover families for staff who are out for extended periods of time. Additionally, when staff are out, while it does impact the general program statistics, it does not count against their personal Performance Evaluations. Therefore, staff are not penalized for not being able to provide visits if they are out for extended periods of time. □

5. Services should be culturally competent such that the staff understands, acknowledges, and respects cultural differences among participants; staff and materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.

The Healthy Families Travis County Team takes into account the cultural characteristics of all of the families that they are assigned to work with. They are aware that while they may be able to communicate in the language of the family they serve, there are other aspects to take into consideration that also relate to culture such as; religion, background, value systems, ethnicity, tradition, and morals. Awareness of personal biases, stereotypes, values and assumptions about human behavior is an important aspect to recognize and an ongoing process in becoming culturally competent workers. HFTC addresses Cultural Sensitivity issues through the following avenues.



- Provides the Parenting Curriculum, Child Development material, Newsletter, Parenting Handouts, and Community Referrals and Information in the native language of the family. Staff also take into account the type of learning style that may work with each parent and distributes information based on their individual strengths and needs – visual, reading ability, areas of interest, etc.
- Encourages access of the Language Line Service supported by TCHHS to communicate to the family in their native language. This service offers over-the-phone interpretation 24 hours a day, 7 days a week. The geographical region of the languages that they provide through the Language Line Services include languages from countries as India, Pakistan, Southwest Asia, Africa, Middle East, Asia, Europe, North America, South America, and the Caribbean and Pacific Islands.
- Encourages staff to attend training on culturally diverse issues. Diversity training helps employees understand and appreciate differences in race, ethnicity, language, religion, lifestyle and/or culture. Staff are required to have this type of training on an annual basis.
- Staff practice approaches and strategies they have learned with families, with co-workers and with supervisors. This includes learning about appropriate help-giving practices, intervention strategies, and structures that take into account the cultural and environmental experiences of the clients served. Cultural diversity activities/exercises are also practiced during Team Meetings to allow for group discussions which address challenges and role-play working through difficulties.

- Cultural Sensitivity issues are examined every other year to determine where there are strengths and areas for improvement within the program. Along with that, direct family feedback is gathered via letter survey, phone and direct contact.

6. Services should focus on supporting the parent as well as supporting parent-child interaction and child development.

Home Visitors utilize the Healthy Families San Angelo Parenting Curriculum during every home visit in order to promote a positive parent/child relationship and help strengthen and build parenting skills. Home Visitors are trained to recognize both areas of strengths and concerns regarding parenting skills. Like a cycle, the Home Visitor starts with pointing out the positives, and encourages more of those specific behaviors. Then, after building a mutually respectful relationship with the parents, they gently identify parenting skills that may be in need of improvement. Finally, the Home Visitor points out the newly improved parenting skills that they have observed. Families are also encouraged to develop life goals while participation in home visiting services, such as obtaining employment, going to college, saving money for a car, and finding stable housing.

Home Visitors document their observations and interactions with the families in the Home Visit Log Form in PIMS database system. This Log requires very specific documentation. For example, the Child Development section reports the activities completed during the visit, including concerning behaviors noted, education, information received and developmental progress. The Parent/Child Interaction section captures the promotion of positive parenting skills and bonding and attachment activities.

In 2011, all staff received updated training for documenting CHEEERS observations. CHEEERS is a structured format in gathering information observed between the child and parent. It is a tool to assess the quality of parent-child interactions. The goal of using CHEEERS is to improve outcomes for children and their parents. It allows the Home Visitor to focus on certain areas that need improvement for a better relationship for the child and parent.



C – H – E – E – E – R – S	
Cues-	describe the types of cues baby/child gives. Do the parents recognize the cues?
Holding-Quality	and frequency, including any touching, spatial closeness. How does the baby respond to the parent’s touch?
Expression-	How much do parent’s talk to the baby? How does the parent vocalize in ways that support language development?
Empathy-	How frequently does the parent respond sensitively to the child’s feelings and needs?
Environment-	Does the parents interact with and play with the child in ways that motivate and support the child’s development in all domains?
Rhythmicity/Reciprocity-	Are they dancing? Is there a smooth rhythm of giving and taking in the parent-child relationship
Smiles-	How much observable joy is there when the parent and child interact?

End of Fiscal Year 2011	
Age-appropriate child development	97%
Eligible children utilizing ECI services	100%

End of Fiscal Year 2010	
Age-appropriate child development	95%
Eligible children utilizing ECI services	100%

Home Visitors are also trained to provide child development screenings at various stages of baby’s development.

7. At a minimum, all families should be linked to a medical provider to assure optimal health and development (i.e., timely immunizations, well-child care, etc.) Depending on the family’s needs, they may also be linked to additional services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters.

Home Visitors regularly link families to the above-mentioned services, as required, or as needed. During bi-monthly team meetings, staff share resource information during the roundtable discussions with one another. This resource information is up to date and often obtained from conference or workshops that staff have attended, or from actual agency presentations during these team meetings. HFTC has also developed an in-house referral process with the Family Support Services Division within our department, which links families to basic needs assistance such as housing, burial, food, electric, and rent assistance.

The Home Visitors use the PIMS database to enter and maintain information on well child visits, immunizations, medical providers and community referrals. Supervisors capture this data in Quarterly Performance Measures Reports.

End of Fiscal Year 2011	
Established Medical Provider	100%
Age-appropriate immunizations	98%
Age-appropriate well child exams	97%
Utilizing appropriate area resources	100%

End of Fiscal Year 2010	
Established Medical Provider	100%
Age-appropriate immunizations	97%
Age-appropriate well child exams	97%
Utilizing appropriate area resources	100%

8. Services should be provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities (i.e., for many communities no more than 15 families per home visitor on the most intense service level. And, for some communities the number may need to be significantly lower, i.e., less than 10).

Supervisors review intakes from the Family Assessment Worker regularly. After evaluating the assessments, supervisors complete a caseload tally. Totaling the weighted caseload values for each Home Visitor twice a month provides the supervisor with the information needed to determine which home visitor has full caseloads and who can be assigned additional families. HFTC caseload assignments consist of 20 families. If a caseload is new and all the families are on Level I and/or IP, no more than 15 families are assigned to that worker. If a caseload has families with various levels, supervisors review when there are 12 families on the most intense service level (level IP/level I) to determine whether or not new cases can be assigned. Level movement requires that the family has met certain criteria as per program policy, that the family is interested in changing levels, and must be discussed and approved by a supervisor. Other factors are considered when assigning new families such as current family challenges, cultural issues, as well as staff performance issues.

The following table is an example of a “caseload tally” which demonstrates how each Home Visitor (FSW) caseload is reviewed in regards to the number of families on various levels.

Level	FSW 1		FSW 2		FSW 3		FSW 4		FSW 5		FSW 6		FSW 7	
	#	Points												
IP	1	2.00	2	4.00	1	2.00	0	0.00	1	2.00	2	4.00	1	2.00
I	5	10.00	7	14.00	7	14.00	6	12.00	4	8.00	4	8.00	7	14.00
II	4	4.00	0	0.00	3	3.00	2	2.00	1	1.00	1	1.00	8	8.00
III	4	2.00	2	1.00	5	2.50	4	2.00	4	2.00	2	1.00	3	1.50
IV	3	0.75	4	1.00	3	0.75	3	0.75	4	1.00	7	1.75	0	0.00
X	0	0.00	0	0.00	0	0.00	3	1.50	0	0.00	0	0.00	0	0.00
Active	17	18.75	15	20.00	19	22.25	18	18.25	14	14.00	16	15.75	19	25.50
CO	0	0.00	0	0.00	1	0.50	2	1.00	0	0.00	0	0.00	1	0.50
Total	17	18.75	15	20.00	20	22.75	20	19.25	14	14.00	16	15.75	20	26.00
OPENINGS	3		5		0		0		6		4		0	

9. Service providers should be selected because of their personal characteristics (i.e., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.

In addition to adhering to hiring practices recommended by Healthy Families America, HFTC complies with Travis County hiring policies when hiring service providers. Service providers are selected based on a set of personal characteristics and skills which equip them to do the jobs for which they are hired. Along with the specific knowledge, skills and abilities required for each position within the HFTC program, staff must also possess experience in working with culturally diverse populations and demonstrating compassion for individuals from all backgrounds. Many staff in the program have been employed for 5+ years. And some of those staff members have been with the program for over 10 years. The Staff Turnover Rate (STR) for the past two years is listed below:

2011 STR = 0%
2010 STR = 9%

Because the turnover rate is well below the national average (15%), further analysis has not been necessary.

10.a. Service providers should have a framework, based on education or experience, for handling the variety of situations they may encounter when working with at-risk families. All service providers should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and services in their community.

10.b. Service providers should receive intensive training specific to their role to understand the essential components of family assessment and home visitation (i.e., identifying at-risk families, completing an standardized risk assessment, offering services and making referrals, promoting use of preventive health care, securing medical homes, emphasizing the importance of immunizations, utilizing creative outreach efforts, establishing and maintaining trust with families, building upon family strengths, developing an individual family support plan, observing parent-child interactions, determining the safety of the home, teaching parent-child interaction, managing crisis situations, etc.).

Healthy Families Travis County tracks 4 tiers of training for all staff members. Supervisors monitor training, encourage professional growth and development and advise about required training. Once a staff member has completed the first 3 tiers of training, it is their responsibility to make sure they receive 30 hours of annual On-going training.

1) Orientation – Prior to working with families, staff must receive the following: Travis County’s Human Resources Orientation, orientation to the Healthy Families Travis County program, Reporting Child Abuse and Neglect, Program Policies & Procedures, Community Resources, Confidentiality and Boundaries.

2) Core – Within 6 months of hire, staff must complete role-specific training conducted by a certified trainer. This includes training for Home Visitors (Family Support Workers), Intake Workers (Family Assessment Workers) and Supervisors.

3) Wrap Around I and II – Keeping Babies Healthy and Safe, Preparing Moms for Birth and Beyond, Fostering Infant and Child Development, Coaching on Positive Parenting Strategies, Preventing Child Abuse, Addressing Domestic Violence, Recognizing Substance Abuse, Striving for a Smoke-Free Environment, Optimizing Your Effectiveness, Responding to Relationships, Promoting Mental Health and Recognizing Perinatal Depression. This training must be completed within the first year that an employee is hired.

4) On-going – After the above mentioned training has been completed, staff are responsible for completing 30 hours of training annually. These topics must be related to the employee’s work. Cultural Diversity is always included as part of On-going training as well, such as: Immigrant and Worker’s Rights, Substance Abuse and Gangs, Central Texas African American Family Support Conference, and Texans Association Concerned for School-Age Parents Conference. Additional On-going topics during 2010 and 2011 included: Child Development, The Grieving Process, Suicide Prevention, Ethics, Conflict Resolution, Team Building, Group Facilitation, Balancing Multiple Roles – The Working Parent, Information Technology for Human Services, and Leadership Development.

In 2010, the average number of training hours completed by each staff member was 60. One significant change included the new Online Wrap Around training (24 hours). New staff were required to complete this, but seasoned staff also completed it as a refresher.

In 2011, the average number of hours was 79. The higher number in 2011 was due to the fact that all staff completed the new, weeklong, Core training for Home Visitors by Great Kids, Inc. Also, one new staff member received a significant amount of training – almost double that of the other staff members in that year. During both years, staff fulfilled all training requirements.



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11. Service providers should receive ongoing, effective supervision so that they are able to develop realistic and effective plans to empower families to meet their objectives; to understand why a family may not be making progress and how to work with the family more effectively; and to express their concerns and frustrations so that they can see that they are making a difference and in order to avoid stress-related burnout.

The ratio for Supervisor to Staff is 1:5. All staff have regularly scheduled weekly supervision meetings that last for approximately two hours. Supervisors also provide unscheduled supervisory support by making themselves available on an as-needed basis for informal coaching, consultation, and guidance. Supervision meetings allow for the opportunity for staff’s challenges to be identified and examined. It is also a time where self-care is promoted, professional growth is encouraged and some individualized can be provided.

Supervision sessions consist of:

- Review documentation (home visit notes, charts, referrals provided)
- Handle crisis situations

- Coaching (praise positive/identify ideas for improvement)
- Review of job performance (productivity, acceptance rates, home visit rates, time management)
- Training needs
- Program goals
- Building skills-ongoing skill development

Supervisors also observe Home Visitors throughout the years through “shadowing” visits. Supervisors review staff skills in regards to: encouraging family strengths, building parental competencies, maintaining boundaries, respect/empathy for the family, connecting the family to community resources and teaching about healthy child development. One of the primary goals for the home visit is to observe the parent/child relationship.

Additional Program Issues:

CPS Reports

During 2010 and 2011, staff did report some families to Child Protective Services for various concerns involving suspected abuse or neglect of target children enrolled in the program. Of those, there was one substantiated report of neglect involving a family in 2011.



Participant Grievances

Both in 2010 and 2011, one family requested a transfer to another Home Visitor. In each situation, there appeared to be communication and personality differences between the worker and the parent. There were no serious concerns noted. After the families were transferred to other Home Visitors, they continued to remain active in the program, receiving regular visits.

Donations

During 2010 and 2011, HFTC received donations of baby quilts from the Baby Bundles Project with the Austin Area Quilt Guild. The program also received donations and/or volunteer assistance from Target, Angles Afoot of Riverbend Church, Milburn Funds, United Methodist Women and the Travis County Sheriff’s Department. In addition, HFTC staff hold fundraisers such as taco sales and silent auctions to raise funds to help purchase needed items for families. For example: diapers, baby wipes, thermometers, and age-appropriate toys.

Partners

HFTC has continued to work in partnership with BookSpring to receive books from their RIF program for all target children. Also, in 2011, HFTC and Any Baby Can formed a partnership for their No Estas Solo, in-home family counseling program to provide services to HFTC families. Additionally, HFTC works in partnership with the other Healthy Families programs in the state of Texas to coordinate activities that promote home visiting services.