HEALTHY FAMILIES

OF ALLEN COUNTY

Policy and Procedure Manual

2011

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SECTION I

INTRODUCTION

1.01 HEALTHY FAMILIES OF ALLEN COUNTY MISSION STATEMENT

The mission of Healthy Families of Allen County is to help families provide safe, warm, and nurturing environments in which children grow, develop and experience success.

1.02 HEALTHY FAMILIES OF ALLEN COUNTY GOALS

Evaluation Goals:
95% of families who have participated for at least 12 visits in the Healthy Families program will demonstrate no evidence of substantiated abuse and/or neglect until the target child reaches age four (as evidenced by no substantiations of abuse and/or neglect at the Allen County Office of Family and Children).

40% of families, who have participated for at least 24 visits in the Healthy Families program, will demonstrate improvement in parental and family functioning as measured by the Healthy Families Parenting Inventory (HFPI).

Process Goals:

- 60% of families who screen positive will agree to assessment.
- 90% of families who assess positive will accept services (enroll + 1 visit).
- 80% of families will engage in services (four plus visits). Engagement.
- 70% of families will remain in services for at least 24 visits. Secondary Engagement.
- 60% of families engaged at 12 visits will remain in services. (Ex.-12 mos.)
- 80% of families will remain active in the program (not on creative outreach).
- 100% of visits due will be attempted.
- 90% of visits due will be done.
- 95% of children will have a medical home.
- 80% of children will have up-to-date immunizations.
- 90% of children will have timely Denver's.
- 100% of children with developmental delays will have referrals to early interventions and/or their pediatrician.
- 99% of families who have had 24 or more visits will remain abuse/neglect substantiation free.

1.03 SERVICE PRINCIPLES

Healthy Families of Allen County is an affiliate of Healthy Families America (HFA). As such, services are provided to families based on the twelve critical elements of Healthy Families America. Those elements are:

1. Initiate services prenatal or at birth.
2. Use a standardized (i.e., consistent 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).

3. Offer services voluntarily and use positive outreach efforts to build family trust.
4. Offer services intensively (i.e., at least once a week) with well-defined criteria for increasing or decreasing intensity of service and over the long-term (i.e., three to five years).
5. Services should be culturally competent such that staff understands, acknowledges, and respects cultural differences among participants; staff and materials should reflect the cultural linguistic, geographic, racial and ethnic diversity of the population served.
6. Services should focus on supporting the parent(s) as well as supporting parent-child interaction and child development.
7. At a minimum, all families should be linked to a medical provider to assure optimal health and development (e.g., timely immunizations, well-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.
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, meeting their unique and varying needs and to planning for future activities. In many communities a home visitor will do best serving no more than 15 families on the most intense service level; in some communities, the number may need to be significantly lower, for example, fewer than 10 families.
9. Service providers should be selected because of their personal characteristics (i.e., non-judgmental, compassionate, able to establish a trusting relationship, etc.), their willingness or experience working with culturally diverse communities, and their skills to do the job.
10. 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, child abuse reporting, domestic violence, drug-exposed infants, and services in their community.
11. 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 a 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.)
12. 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.

1.04 NATIONAL AND STATE LINKAGES

1.04.A LINKAGE TO HEALTHY FAMILIES AMERICA

Healthy Families of Allen County is a Healthy Families America affiliated site. Healthy Families of Allen County participates in the HFA multi-site accreditation process. Staff are trained by HFA certified trainers. At least two Healthy Families of Allen County staff are peer reviewers for HFA. Managers, administrators and supervisors participate in HFA conferences and committees.

1.04.B LINKAGE TO HEALTHY FAMILIES INDIANA

Healthy Families of Allen County is a Healthy Families Indiana affiliated site. Healthy Families of Allen County policies are in compliance with HFI policies (unless waivers have been granted). Healthy Families of Allen County participates in the HFI sponsored multi-site accreditation process. Healthy Families of Allen County staff participates in state sponsored training. The site participates in HFI Quality Assurance processes and is included in the statewide evaluation. Healthy Families Allen County is linked to the statewide database tracking system (FamilyWise).

Healthy Families of Allen County services are based on the Healthy Families Indiana Mission:

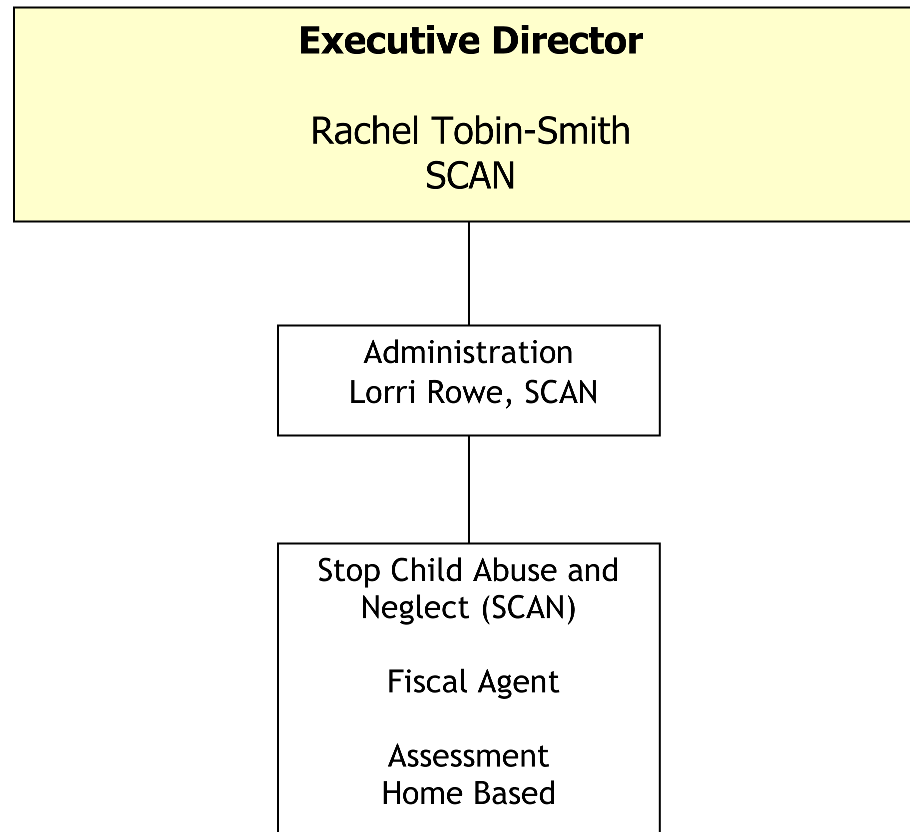
The mission of Healthy Families Indiana is to promote supportive environments that optimize child growth and development and encourage resilient, healthy families.

Consistent with that mission, the following outcomes are expected for families participating in Healthy Families Indiana statewide system:

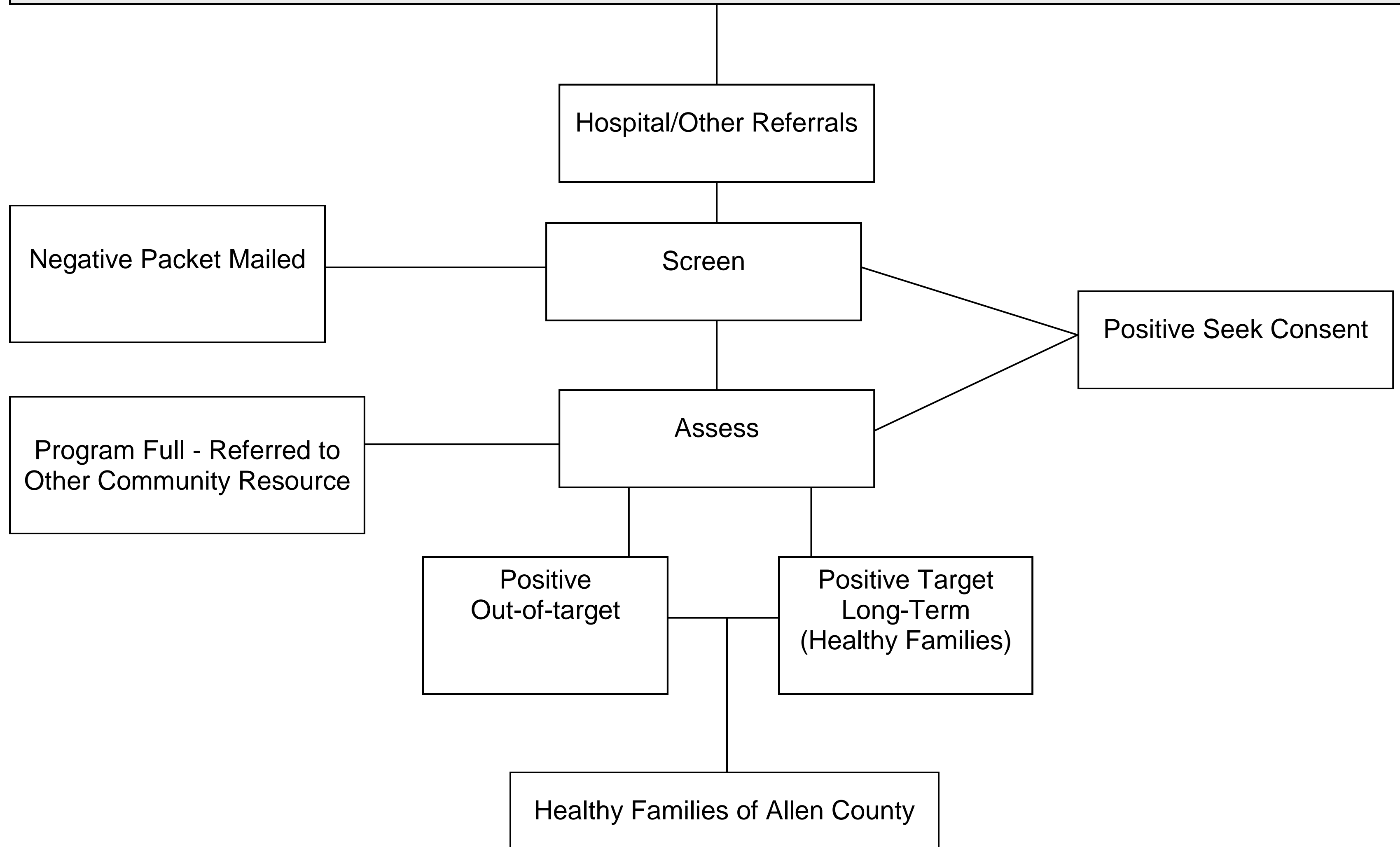
1. Prevention of negative outcomes.
2. Increase in parenting skills/behaviors.
3. Increase in healthy pregnancy practices.
4. Increase in ongoing health care practices.
5. Increase in mental health indicators.
6. Increase in social support systems.
7. Improvement of family environmental factors.

1.05 Healthy Families of Allen County Organizational Chart

Healthy Families of Allen County Organizational Chart



Healthy Families of Allen County Participant Flow Chart



SECTION II

HOW TO USE THIS MANUAL

2.01 DEVELOPMENT OF MANUAL

This manual is developed by the Healthy Families supervisors, assessment supervisor and program administrator. Policies are approved by the SCAN executive director. Procedures are written and approved by the program administrator and staff and supervisors are consulted. HFA accreditation standards, HFI policies, grant requirements, agency requirements, advisory committee, and by-laws input are used in the development of policies and procedures.

2.02 REVISIONS TO THE MANUAL

This manual is maintained by SCAN. Revisions can be recommended by families, staff, AFS specialists, supervisors, managers, administrators, funders, evaluators, or the executive director.

All revisions require implementation date and documented staff receipt and training.

2.03 FORMAT FOR THIS MANUAL

Where applicable, procedures are included with the policy.

2.04 AVAILABILITY

Manuals are available onsite in print and via the SCAN website for convenient access by staff.

2.05 AGENCY POLICIES

Agency policies always take precedence over Healthy Families of Allen County. Supervisors and managers are to notify the Healthy Families of Allen County administrator when in conflict. If the conflict will impact services to families or accreditation, the program administrator notifies the executive director of the agency.

It is expected that the Healthy Families of Allen County Policy and Procedure Manual and agency policies will guide employees in doing their jobs.

SECTION III

TARGET POPULATION

3.01 PROCESS FOR DETERMINING TARGET

Healthy Families of Allen County (per Department of Child Services) determines the target population.

3.02 HEALTHY FAMILIES OF ALLEN COUNTY TARGET POPULATION

Screening
All families who live in Allen County, with a child two weeks or under or prenatal parents who are **referred** by the five local hospitals, WIC, social service agencies, and self referrals, and give consent will be screened for risk factors which lead to negative childhood outcomes.

Assessment
All families who screen positive, live in Allen County, indicate intent to parent their child and consent, are offered assessment services.

Long-Term Services (Healthy Families - Minimum Three Years Service)
Families who screen positive and score 40 or above on the Kempe and indicate they are going to be involved in parenting their child are offered long-term home visiting services.

Families may be admitted into long-term services scoring 25-35 and meet HFI requirements (see Enrollment of Families Scoring Below 40 on Kempe Assessment).

3.03 REACHING TARGET

Healthy Families of Allen County assessment services are conducted by assessment staff. Healthy Families of Allen County has relationships with all Allen County hospitals and WIC. Assessment staff screen all referrals from these sources and referrals from medical providers, schools, social services, and self referrals with consent of the potential recipient.

Transfers from out of county Healthy Families programs are accepted when there are program openings. If there is no availability on caseloads at the time of the referral, they are declined and the referring agency is given other community resources that can be shared with the family.

3.04 TRACKING TARGET DATA

Tracking of information (community births, screening, assessment, and referral services) is completed and submitted by the assessment supervisor.

3.05 NON-TARGET POPULATION

Due to the broad range of screening and assessment services offered by Healthy Families of Allen County, many families assessed do not qualify for Healthy Families services. Assessment staff offer alternative resources to families who do not qualify for Healthy Families. Many times families can be referred to other services within the community.

SECTION IV

ASSESSMENT/INTAKE

4.01 GENERAL ASSESSMENT POLICIES

4.01 POLICY

A. All services are voluntary. Families may refuse services at any point in the assessment, assignment, or service delivery process. Families are informed of this both verbally and in writing (Participant Rights).

B. Healthy Families Allen County uses the same screening tools on all families who consent to screening. Criteria are applied uniformly.

C. Healthy Families Allen County uses an eight item screening tool.

D. A family automatically screens positive if any one of the following is true:
   - The participant is single (not married) or separated
   - Has inadequate income (Medicaid, WIC)
   - Receives primary income from disability.

E. If a family screens negative for the automatic three positives listed above, a family may screen positive if any two of the following are true:
   - Education under 12 years
   - History of/current substance abuse
   - History of/current psychiatric care/depression
   - Marital or family problems
   - Unstable housing

F. Each FAW administering the screening tools has training and observation time before conducting assessments with families.

G. Healthy Families of Allen County Assessment accepts referrals for screening and/or assessment from all Allen County Hospitals, WIC offices (Please see State Policy Manual for the agreement with WIC), Neighborhood Health Clinic, OB/GYN offices, Teen Parenting Project, crib class or distribution sites, other clinics and health providers, community agencies serving families and families themselves (self-referral), prenatal or immediately following the birth of a child. Screens and referrals outside two weeks from the birth of the COF may be assigned by the assessment supervisor or designee.

H. Healthy Families of Allen County has established a work agreement with each of the five Allen County hospitals stating the specific guidelines the FAWs follow while in each facility. Hospital agreements are reviewed periodically to make necessary changes.

I. Healthy Families of Allen County elects not to use volunteers for screening.

J. All positive in-county screens from the hospital that are not assessed are monitored on a monthly basis.

4.01 PROCEDURE

A. All services are voluntary. Families may refuse services at any point in the assessment, assignment, or service delivery process. Families are informed of this both verbally and in writing (Participant Rights).

B. Referrals received in the first or second trimester are held and assigned to FAWs when the mother enters her third trimester. It should be noted that FAWs enter the referral date in FAMILYWISE as the date assigned to the FAW.

C. Referrals from hospitals, the referral date is the date the FAW receives it.

D. All families that are referred and give consent are screened. Screens are

conducted by assessment staff.

E. Screens are entered into FAMILYWISE once completed and/or outreach is completed.

F. All families who screen positive and give consent are eligible for assessment. Consent to assess is obtained in writing (in the case of a minor, parental/guardian consent may be verbal).

G. All families who are assessed and accept home-based services are asked to sign a Consent to Communicate form and declaration of income.

H. All assessments will occur within the third trimester of pregnancy or postnatal.

I. At a minimum, 80% of assessments completed will be within two weeks of the birth of the child of focus.

J. If the screen is negative, the FAW briefly discusses Healthy Families services. If the family verbally agrees, an information packet is sent to the family.

K. Families with a signed consent, who are not eligible for assessment, are given referrals for other programs and developmental information.

L. All mothers who screen positive and are missed at the hospital will receive an attempted phone call and/or are sent a letter. All mothers who sign consents but are missed at the hospital will receive a letter regarding Healthy Families information that indicates the program services and a number to call if interested.

M. Each FAW administering screening and assessment tools has training and observation time before conducting assessments with families. On-site training is conducted as a precursor to the Healthy Families Indiana CORE training. All FAWs have 40 hours of FAW CORE training with Healthy Families trainers within six months of hire. CORE provides the theoretical background on the screening and assessment tool as well as opportunities to practice administration. Attendance at CORE training is mandatory. Following CORE the assessment supervisor or designee shadows the FAW to establish inter-rater reliability. The assessment supervisor or designee reviews all assessments. Each FAW will be shadowed at least two times per year by the assessment supervisor or designee.

N. All positive in-county hospital screens are tracked and included on the monthly assessment reports. The reasons refused and total refusals per hospital are reviewed monthly in FAW team meetings.

4.02 SCREENING AND ASSESSMENT - ALLEN COUNTY BIRTHS

4.02 POLICY

After the FAW completes an assessment using the Kempe Family Stress Checklist the FAW will score the responses. The same assessment scoring criteria is used for all families. Scoring is based on the Rating Scale for Family Stress Checklist.

A. Healthy Families of Allen County uses the same assessment tools on all families who consent to assessment. Criteria are applied uniformly.

B. A consent to assess will be signed by the family prior to conducting the assessment. Parental consent must be obtained in the case of a minor.

C. Healthy Families of Allen County uses the Kempe Family Stress Checklist as a basis of assessment. All questions asked during the assessment serve to address the 10 areas scored on the Stress Checklist. The tool assesses for increased risk of maltreatment and poor childhood outcomes.

D. All families who accept home-based services will have an assessment which includes comprehensive and clear narrative information in their permanent family file.
E. All assessments will occur within the last three months of pregnancy or postnatal within two weeks of the birth of the child of focus. Assessments can be completed outside two weeks from birth of child of focus at the assessment supervisor or designee's discretion.
F. All families who are assessed are asked to complete an income guideline form to determine program eligibility. Income is verified by the client's signature on the declaration form.
G. If needs identified at the end of an assessment do not meet program standards a Consent to Release and Request Information will be obtained from the family to refer to additional program(s) or services outside Healthy Families which could benefit the family.
H. When the assessment is complete, the assessment manager or designee reviews and verifies eligibility.
I. When there are no vacancies at the home-based agency, the family is sent a letter informing them the program is full. The families are also sent community resources and an informational packet with the letter.
J. Families, who score 40 or more on the Kempe Assessment are offered Healthy Families long-term home-based services upon completion of the assessment interview.
K. Families may be admitted into long-term services scoring 25-35 if meet HFI requirements (see Enrollment of Families Scoring Below 40 on Kempe Assessment)

4.02 PROCEDURE

A. Based on availability and staffing, FAWs report to the five area hospitals Monday through Friday to screen and assess Allen County families who have given birth within the previous 24 hours to possibly 72 hours (over weekends). Based on staffing and availability FAWs may report to hospitals on Saturday and Sunday.
B. FAWs report to the WIC office once per week to pick up referral consents.
C. When the FAWs report to the hospitals each morning, they will check designated areas to see how many Healthy Families HIPAA consents have been signed. Hospital staff at all five area hospitals attempt to offer the HIPAA consent to all mothers delivering each day or obtain verbal consent for the FAW to speak with them. The FAW will complete a screen for all Allen County residents who have given birth and signed the Healthy Families HIPAA consent. A screen will be completed for all out of county residents delivering in Allen County, who have signed the consent, as well. The FAWs will transfer the names of those who have signed the consent onto a birth log sheet and find out the room number for each. FAWs will complete a screen by either looking at the medical chart face sheet and/or during a room visit. This is determined by what the patient has indicated on the HIPAA consent.
D. Families who screen positive are assessed, when they consent, and when staff are available to conduct the assessment. Assessments are conducted prenatal, or within two weeks of the birth of the baby, unless approved by the assessment manager. All services are voluntary.
E. Each 1.0 FTE FAW will complete 20 assessments per month, 0.75 are required 15 and 0.5 are required 10 assessments per month.
F. Assessments are completed whenever the MOB and/or FOB consent. If the MOB is a teen, verbal or written consent from the teen's guardian will be needed before an assessment can be completed. FOB's must be present and participating in the assessment interview to be scored.

G. All MOBs will be asked to sign a Declaration of Income form at the time an assessment is completed. Only MOBs who accept services will be asked to sign a Consent to Communicate. All families are informed that their participation is voluntary verbally and in writing.
H. If the parent is unable to meet with the FAW for any reason during their hospital stay, then the FAW will attempt to schedule a home visit to conduct the assessment within two weeks of the baby's date of birth, if the parent consents to do so. This will only be done for Allen County residents.
I. The FAW must complete at least three aggressive attempts and may complete a maximum of eight attempts to complete an assessment with a family. At least one of the eight attempts must be completed postnatal. Staff may complete more than eight attempts based on individual referral and situation. Aggressive is defined as completed phone calls with the client, completed emails to the client (when client returns email is considered completed email), completed text messages (when client/contact returns text is considered completed text), calls or contacts with referral sources and/or attempted scheduled/unscheduled drop by. If a parent has a contact precaution from the hospital a drop by will not be completed due to contact precaution.
J. Outreach is continued for up to two months postnatal unless assessment supervisor approval.
K. Outreach efforts are entered as screen activities in FAMILYWISE.
L. After the FAW completes an assessment, using the Kempe Family Stress Checklist the FAW will score the responses. The same assessment questions and scoring are used for all families assessed. The scoring is based on the Rating Scale for the Family Stress Checklist.
M. During assessment, the FAW may complete the EPDS (post partum depression screen) on mothers who agree to participate. The EPDS may be administered per FAW discretion. If a family screens for elevated risk or depression or self harm, assessment staff will refer the family to their doctor and other appropriate community resources. See EPDS policy for appropriate interventions.
N. During assessment, the FAW may complete the IPV screen when appropriate. The IPV screen is completed only when appropriate and when it will not increase MOB's risk factors for potential for violence. See IPV policy for appropriate interventions.
O. The FAW will express to the family, at the time of assessment, that the program may be full and inform them that they will receive a letter to confirm this, as well as community resources and an informational packet.
P. If services are accepted and the family meets service criteria, the family will be moved into Healthy Families long-term services. The client number, assessment date, date consent for service was signed and the FAWs name will be recorded on an Acceptance Log.
Q. Following each assessment, FAWs submit the completed paper screen form and the Healthy Families FAMILYWISE copy of the first five sheets and the assessment. Each assessment will have a client number and consist of the following: Family Data Sheet, Target Child Data, Screen Family Data, Household Member Record, Family Assessment Record, and the Family Assessment Memo. These are placed in a file along with a referral sheet, client screen, consent for assessment, consent for services if accepted, a Declaration of Income form, Consent to Communication if the client agrees, client contact and follow up log, and any other specific information. All files contain the same screening and assessment forms.
R. Assessments are reviewed by assessment supervisor or designee within two working days.

S. Assessments are admitted within two working days from assessment for high risk cases. Assessments are admitted within five working days from assessment for non-high risk cases.

4.03 ELIGIBILITY

4.03 POLICY

A. Eligibility guidelines are determined by the Healthy Families Administration in conjunction with Healthy Families Indiana. They are based on the Healthy Families America Critical Elements and the recommendations of Healthy Families America.

B. No family is denied services based on religion, gender, race, ethnicity, sexual orientation, disability, veteran status or income

C. Families may be denied services by the home-based agency if the referral would violate agency or Healthy Families Indiana policies

D. There is no financial charge to families for service

E. Families are eligible for services if:
- they reside in Allen County
- they are pregnant in the third trimester
- they assess positive within two weeks after the birth of their first baby, or, if older, by assessment supervisor approval when necessary
- the MOB is 12 years of age or older
- either parent scores forty or higher on the Kempe Assessment, or family scores 25-35 and meets HFI special circumstances for admission
- they have not previously received 12 months or less of services with the first target child or they have less than 48 visits with their first target child
- If a family is assessed for a second child, and is not currently enrolled in Healthy Families, the same forms will be signed as someone not previously served
- Families (as defined by birth mother) may only be admitted twice
- TANF eligibility for admission is determined if the parent has a valid social security number or reports being a United States citizen (when available if mothers do not meet criteria). Families sign an income declaration form based on federal poverty guidelines and must be 250% of poverty or below. The poverty status is entered into FAMILYWISE
- Families are eligible for Other funding if they do not meet TANF funding eligible requirements

NOTE: Families on Other funding may be moved to TANF when COF receives a valid social security number and is a United States citizen.

F. Priority Plan

If the program has limited openings, the following priority plan will be in place for the services identified below:
- Assessment
    - First referral/screen in to assessment manager or designee, first out assigned to FAW

- Admission
    - Priority to high risk. High risk defined as KEMPE score 65 prenatal/70 postnatal, elevated EPDS, MOB reports current IPV, recent/current suicidal or homicidal thoughts
- Enrollment
    - Priority plan regardless of prenatal or postnatal
        - High risk defined as current substance abuse, IPV, suicidal or homicidal ideation, indications of current PPD, medically fragile children/high risk pregnancy, teens age 15 and younger
        - Assessment supervisor or designee override
        - Last assessed, first out unless COF over 3 months old.

4.03 PROCEDURE

No procedure required – see policy.

4.04 SCREENING AND ASSESSMENT - OUT OF COUNTY BIRTHS

4.04 POLICY

Those families that give birth in Allen County but do not reside in Allen County, are referred and give consent are screened using the screening tool recommended by Healthy Families Indiana. Screens are conducted by assessment staff.

Families residing in other counties and who screen positive are either given the Healthy Families program contact information in their county and/or have their screen mailed to the supervisor of the Healthy Families program in the appropriate county. Additional verbal consent from the family is needed before the family's screen will be mailed to another county. Staff will mark "okay" or "okay to send" on the screen to indicate to the assessment supervisor or designee to mail screen to the out of county Healthy Families site. All further contact and follow-up is made by the Healthy Families program where the family resides.

4.04 PROCEDURE

No procedure required – see policy.

4.05 LEVEL UE

4.05 POLICY

A family is moved to the UE level once the assessment is completed and Healthy Families long term services are accepted.

4.05 PROCEDURE

No procedure required – see policy.

4.06 ASSESSMENT CPS REPORTING

4.06 POLICY

If, at any time, the FAW has a concern about the MOB/FOB or the safety or care of the newborn child, the following policies are used, such as consulting with the hospital social worker and/or Healthy Families assessment supervisor when necessary.

Referrals to CPS for families will be made according to local community standards, underage mothers (based on CPS standards), or when parents display actions that may endanger the child. If assessment staff have questions regarding the appropriateness of CPS reporting they discuss the case with the assessment supervisor.

4.06 PROCEDURE

CPS referral procedures are meant to be guidelines only and all Healthy Families staff should be aware of the importance of keeping the best interest of the child first and foremost in any decisions they must make. Whenever possible, any potential problem should be discussed with a supervisor so that an informed and considered decision can be made. When this is not possible, all Healthy Families staff will act in the best interest of the child, doing what must be done to protect the child in all instances.

The following procedures apply whenever a FAW reports a family to the CPS hotline or follows up on a report made by another party:

- Be sure a release of information includes DCS, when necessary, and inform the caseworker of said release when calling
- Identify self as a Healthy Families staff member
- Provide as much **FACTUAL** information as possible
- Complete a Healthy Families CPS report and turn in to the program administrator within 24 hours of occurrence
- FAW should always intervene on behalf of the child whenever making decisions in borderline cases

4.07 ACCEPTANCE MONITORING

4.07 POLICY

Acceptance is measured at assessment and again at home based services after one visit.

Acceptance rates are defined as:

- At assessment – families who screen positive and accept an assessment.
- At assessment – families who assess positive and accept home-based services.
- At home-based – families who accepted home visiting and had one home visit.

Calculating acceptance rates:

- Number of families who accept assessment divided by positive screens.
- Number of families who accepted home-based services divided by positive

assessments.
- Number of families who had one home visit divided by families who accepted home-based services.

It is important to regularly monitor acceptance at each of the above points in service. Healthy Families Allen County is responsible to engage positive screens in assessments and positive assessments in home visiting.

The assessment manager monitors acceptance rates for screens and assessments monthly. Data is submitted to the Healthy Families administrator. At least annually, the Healthy Families Allen County assessment manager and Healthy Families administrator reviews and analyzes demographic, social and programmatic data. The team formulates a plan of correction when acceptance falls below Healthy Families Allen County goals.

Analysis considers age of MOB, ethnicity, prenatal vs. postnatal status, zip code, marital status, language, number of children, referral source, time between referral and assessment staff, home visiting staff, reasons for refusals, QA results, observation of assessments, observation of first home visits, risk scores, and waiting list status.

4.07 PROCEDURE

Acceptance is measured at screening, assessment, and assignment to home based (also referred to as point of entry). Acceptance rates are defined as:

- Families who give consent to receive the service being offered are considered as accepted.
  - At screening: Every family who is referred to Healthy Families is screened for eligibility.
  - At assessment: Families who screen positive are referred for an assessment.
  - At home-based: Families who accepted home visiting and had one home visit.

Calculating acceptance rates using the formula: Number of families who accept divided by number offered.

Families are considered participants in each point of service when consents are signed, which is during the referral, screening and assessment process. The program is responsible to engage families from that point forward.

The Healthy Families assessment manager monitors all levels of acceptance monthly. Data is shared with HF administrator via the Healthy Families monthly report. At least annually, the Healthy Families home-based and assessment managers and administrator review and analyze demographic, social, and programmatic data. The team formulates a plan of correction if goals are not met. Healthy Families overall acceptance goal is 60% of positive screens will accept assessment, 90% of families who assess positive will accept home visiting, and 80% will enroll in home visiting.

Programmatic analysis considers: referral source, time between referral and contact, time between contact and visit, assessment worker, home visitor assigned, refusal QA call results, observations of screening and assessments, observations of first home visits, waiting list status, family scores, as well as living arrangements, area of town, demographics, and social factors.

SECTION V

HOME-BASED SERVICES

5.01 CONSENTS

5.01 POLICY

Consents to Serve
All parents referred to Healthy Families of Allen County sign a consent for the Allen County Healthy Families assessment staff to visit their hospital room or home. Consents for screening are maintained by referring agencies.

All parents who are referred to Healthy Families are approached by Healthy Families Allen County assessment staff and offered a screen and/or assessment. Those who are not available at the time of the visit are sent a letter.

All parents who assess positive are informed of their rights, including voluntary nature of services and sign a consent to serve as well as a release form to refer them to a home-based Healthy Families and other service providers to meet their needs and coordinate services.

When there are openings in the program, parents are referred to home-based services. When there are no openings they are offered other referrals and "Development Packets" for which they sign consents.

The consent and release are valid for the duration of services. Families may revoke, in writing, any consent or release at any time during services. Both consents and releases are void at the termination of service. A copy of the participant rights is kept by the family and one in the home-based file.

Informed Consent (For Evaluation)
All families, who accept service, are asked by assessment staff to participate in a program evaluation. Those who agree, after having the evaluation explained, sign the informed consent. Services are not affected by consenting or refusing to participate in the evaluation. Families remain in the evaluation until the child of focus reaches 18 years of age or until they revoke their consent. Parents may revoke their release at any time, in writing. Informed consents are kept in participant files.

Releases
In order to coordinate services it is often necessary for Healthy Families staff to communicate with other service providers, physicians, schools, or family members. All contact with others requires a written release from the participant. No information may be requested or shared without permission from the participant, in writing. Due to confidentiality issues, the participant signs a consent to request and release form.

Consent to Communication
This consent allows Healthy Families staff to leave messages on voice mails or answering machines. Participants will also list names of people Healthy Families staff can talk to in the household during home visit services. Releases are re-signed annually. Participants may change or revoke releases at any time, in writing. Releases are kept in participant files.

Participant Rights
All participants have their rights explained to them at assessment or on the first home visit. They

are asked to sign a copy and one is left with them. These rights are in place throughout the duration of service. Families may request a copy of their signed rights at anytime.

Program Tool Consent
All participants have tools used to drive services or program evaluations explained them on the first home visit. Families are asked for permission to administer tools prior to a tool being completed with/or on the family. The family may choose which tools are to be used. Declining administration of a tool does not affect the services they are currently receiving. Examples of tools which appear on the consent are the ASQ, EPDS, HOME Scale and the HFPI.

5.01 PROCEDURE

Consent procedures are included in the assessment and first home visit section under "Forms to Take on the First Home Visit."

5.02 ENGAGEMENT

5.02 POLICY

Healthy Families of Allen County provides creative outreach to families to engage them in home visitation. It is important that every effort be made to engage families in home visiting, while not overwhelming them early in the process. The first home visit must occur prior to 90 days from the birth of the child of focus.

5.02 PROCEDURE

Once a family has been assessed, qualified for services, and has voluntarily agreed to participate in Healthy Families, they can be assigned to the program.

When the family has been assigned to the home-based program, the family is placed on level UE and they are sent a letter to let them know they have been assigned. They are also sent a letter by the Healthy Families administrator welcoming them to the program.

Once a FSW is assigned a new client, the FSW will:

- Review the assessment packet and contact the FAW regarding unclear or missing information
- Review the Kempe Assessment to identify any family strengths or needs
- Make initial contact within 48 hours of assignment:
    - Attempt to make contact, first by phone, to welcome the family to the program and schedule a first home visit. The first home visit should be scheduled within seven days of assignment.
    - If phone contact cannot be made within the first 24 hours, a drop-by may be done or a letter sent to the family to include the date and time when the first attempted visit will be made. These activities must be done within the 48 hour timeframe.
    - If conducting a drop-by, offer the family a visit at that time or schedule a first visit to be done within seven days.
    - If scheduling by letter, the date for the attempted visit should be no later than seven days from assignment and the date scheduled (when done by letter) must be at

least five days from the date the letter is sent. This five-day rule only applies to the first home visit attempt. If the family responds to the letter, try to schedule a visit within seven days of assignment.
    - If the family scored 70 or above on the Kempe, scored one or higher on question 10 of the initial EPDS, or there is a clinical directive given by the supervisor or manager, an unscheduled home visit must be attempted in lieu of a letter when there is no phone.
    - If the assigned FSW is not available (illness, crisis, etc.), the supervisor is responsible for initiating contact with the family and may offer a visit if the family chooses. If neither the assigned worker, or the worker's supervisor is available to make the initial contact, the assigning supervisor is responsible for making the initial contact.
- When scheduling the first home visit:
    - The FSW should introduce their self and welcome the family to the program.
    - If the assessment reports that a partner or FOB is involved, be sure to encourage and ask when a good time would be to meet for both parents. If partner or FOB answers the phone schedule the visit with him, do not just ask for MOB.
    - Attempt to build rapport by asking questions including how the family is doing, how the baby is doing, if the family has any immediate needs, of if there is any specific information the family would like the FSW to bring on the first visit.
    - Determine what time and day would work best for the visits. Talk about consistency of visits and get regular time and day established.
    - Give the family contact information and emergency numbers in the event they need to reschedule or have a crisis prior to the first home visit. This would also be a good time to ask about alternative numbers or an emergency contact for the family
    - If scheduling by letter, the letter should be welcoming, inviting, and personalized (i.e. looking forward to meeting you and your baby (include names), some things about what the program has to offer and giving the family a gift bag).
- Create a home visit plan using First Home Visit procedures (Section 5.03) as a guide for what the FSW should take and what should be discussed during the initial visit.
- Attempt a visit on the scheduled date and time discussed during the phone contact or tentatively scheduled by letter.
- Be prepared to complete the initial home visit but be flexible in the event the family cannot meet for the entire hour. The FSW should use this time to build rapport and reschedule a visit day and time that will work with the family's availability.
- If the family is not present for the initial home visit, the FSW should leave a note with name and contact number, being careful not to identify the FSW as a Healthy Families employee.
- If the family does not respond to initial attempts to contact and start home visits creative outreach techniques (flexibility in timing of contacts, and method of contacts) are used over a six week period to assist in engagement prior to closing, unless the family verbally refuses services. Families are not moved to level X-1 from UE.

5.03 FIRST HOME VISIT

5.03 POLICY

Within 48 hours of receiving a newly assigned case, the FSW is to make contact with the family to

introduce themselves and welcome the family to Healthy Families. Both parents are offered to be included in the first visit if FOB/partner is involved. All first home visits are to be scheduled within one week of assignment. All first home visits must be completed prenatal or within three months after the birth of COF.

5.03 PROCEDURE

Initial Contact
Within 48 hours of a newly assigned case, the FSW is to make contact with the family to introduce themselves and welcome the family into the Healthy Families program. If the family cannot be contacted by phone, a drop-by may be done or a letter may be sent to the home (unless there is a 70+ score on the Kempe, a score on question 10 of EPDS or a clinical directive is given, in which case an unscheduled home visit must be attempted). Offering a visit time in the letter is required if it is the first contact. Five days should be allowed for the family to receive the letter. (Note: if a visit is scheduled by letter and the family is not at the visit, it is classified as an Attempted Unscheduled Visit).

Any efforts made to contact the family are to be recorded in FAMILYWISE under secondary activities. The first secondary activity entered in FAMILYWISE should be scheduling the first visit either by phone, drop by or letter and include an explanation of the efforts to contact the family. All attempts are recorded under secondary activity. The initial attempts made to contact the family are not counted as a first contact.

A copy of any delivered or mailed correspondence is made and placed in the file. Copied material is filed after the monthly printout of the direct service log.

To maintain the family's confidentiality, all notes left at the family's home must not be identifiable by anyone but the family.

The first home visit is used to build rapport. It is suggested that no forms except for the Participant Rights and Communication Consent are to be completed during this visit. Complete a Participant Rights form explaining program and asking participant if she /he is interested in Healthy Families prior to continuing visit. Complete a Communication Consent if anyone other than the participant(s) is present. Describe what the program offers (number of visits, child development, etc.). Discuss that goals will be written to guide services. Set boundaries about pets, etc. Discuss any imminent harm issues that need to be addressed (domestic violence, suicide, post-partum, unsafe living conditions etc.). Education on preventing SIDS and Back to Sleep is conducted on the first home visit. Bring a brief curriculum activity so that families get used to it being part of the visit.

Consent Forms To Take On Visits
An Informed Consent Form and Participants Rights form are to be completed before or on the first home visit. The client must be moved off UE once Participant Rights are signed by client. This is done on the first home visit. This is a voluntary program and permission must be given to provide services. Communicate that information gathered is confidential, unless law requires reporting; such as suspected child abuse and neglect. If the Informed Consent was not received from the FAW, the FSW is to read through this form and the Participant's Rights Forms with the participant. As good practice, the FSW should stop periodically to interject and make sure MOB understands the program and their rights to participate. If an Informed Consent form is not

completed on or before the first home visit, it must be signed and dated by MOB before entering the home again or advocating on behalf of the parent.

If the parent is a minor (under the age of 18) and is interested in participating in Healthy Families, the legal guardian of the minor parent must give consent by signing all required forms.

To advocate for a parent, a Release of Information is completed for each agency where the family would need assistance. Only one agency or person is allowed per Release of Information consent. Then the MOB's name and address are written legibly on the top section of the form as well as what information is to be released. The MOB identifies each agency on a separate release and specifies when the release expires. If the MOB signs for less than one year, a new release is obtained before continued advocacy can begin. Some referrals can include; WIC, Hoosier Healthwise, MOB's medical provider, COF medical provider, and other caseworkers, etc.

The Consent to Communicate form should be reviewed at the second or third visit. Names should be added or removed at the request of the participant. Regardless, if MOB has reliable transportation, a Permission to Transport form is offered to MOB, FOB, COF, partner, and siblings. Families may refuse to sign. The consent is completed prior to transporting the participant. Upon obtaining consent to transport, it is important to set boundaries on where the FSW is able to transport. Some of these places include doctor's appointments, child's appointments, to obtain immunizations, attend court for paternity, visitation, and child support hearings.

There are exclusions that are not noted on the consent form. State law requires that children be restrained in the appropriate car seat until they outgrow it. Likewise, children up to age eight must use a safety-booster seat. The FSW asks if a car seat is needed and what size is needed before arriving to transport. In addition, anyone not included on the consent form is not allowed to be transported by the FSW. It may be important to communicate that if another home visit, meeting, or training is scheduled, transportation may not be available at the time requested.

It is also important to let parents know that children cannot be transported without a parent present in the car. For example, the FSW may not, under any circumstance, pick up a child from a child care provider on the way to a visit.

Various surveys and assessments will be administered to the participant throughout the program. On the second or third visit, the participant is to sign the Program Tool Consent, which covers the HFPI, EPDS, HOME Scale and ASQ assessments.

Visit Content

While forms need to be completed, the purpose of the program is to be explained and the Participants Rights signed if the participant chooses to participate in the program. <u>The ultimate purpose of the first home visit is to engage the family in services</u>. It is important for the FSW to build rapport with the participant and cover programmatic information at the same time.
Verify the family's information on Family Data Sheet. The Family Data Sheet is located on the Demographics in the drop down list in FAMILYWISE. Let the family know that you will be asking questions periodically to verify that all information is current.

The family is explained that Healthy Families is a voluntary, home visiting program that teaches and nurtures parent child interaction. The limit for participation in the program is age three for

child of focus or a maximum of three years total in receiving Healthy Families services. Families also receive education on safety topics such as SIDS, Back to Sleep, car seat usage, and home safety.

Occasionally, throughout the year, the family may be asked to allow an additional home visitor or supervisor into their home to perform quality assurance or complete a visit for the FSW. Newly hired FSWs are also brought on some home visits for on the job training. This is discussed with the parents on the first visit. Explain services which are part of the program such as Read-To-Me, referrals to other agencies, distribution of A Baby's Closet coupons, and use of curriculum. Explain the "tools" that were discussed in the forms section.

Observation
One of the most important roles of a FSW on any home visit is to observe the relationship between the parent(s) and the baby, as well as provide acknowledgement of parental strengths. These observations play a key part in properly evaluating the relationship between the parent(s) and baby. If the MOB is pregnant, the FSW will note the MOB's response to talking about the pregnancy and delivery of the baby. Reactions of the MOB and baby will be noted and documented.

While inside the home, the FSW evaluates the safety of the home and assesses the additional needs of the family. This discussion can lead into introducing any pamphlets or surveys brought to the visit.

Ending the visit
When ending the visit, thank the family for allowing you into their home. Explain the weekly visit expectation and ask what would be a good time to meet on a regular basis. Also find out if there is any information needed before or by the next visit. It will be helpful to provide something in writing that states the next visit date and time. As an expression of dedication to the family, provide a contact telephone number and explanation of FSW availability. At the end of the visit give emergency contact information and attempt to schedule the next visit.

Follow up
Immediately documenting what was observed and what occurred during the visit is extremely important. If families have identified needs or requested information, it is important that the follow through occurs as rapport is being built.

5.04 LINKING ASSESSMENT TO SERVICE DELIVERY

5.04 POLICY

Kempe Assessments
All participating families receive the Kempe assessment at prior to enrollment into services. The assessment is given to the FSW at the time of assignment to the case. All assessments are read by the FSW prior to initiating contact with the family. The FSW and supervisor discuss any issues indicating the possibility of imminent harm. The FSW is to discuss these issues with the participant at the first home visit and provide appropriate interventions.

During the first supervision (or before) following assignment of the case, the FSW and supervisor

review the assessment. The supervisor and FSW will begin to develop possible interventions that are then recorded on the Kempe Intervention Discussion form but the form must be completed within the first three months of service. Interventions are addressed during home visits and the supervisor will document follow-up on the Kempe Intervention Discussion form. Progress on Kempe interventions are reviewed as part of the process when determining level changes. Issues may also be addressed as goals on the Individual Family Service Plan (IFSP).

Interpersonal Violence
The IPV is administered on all MOBs assessed, when appropriate, and can be declined by the MOB. IPV referrals and safety plan can be declined by MOB.

Evaluation (AFSS)
See Section 5.13

Post Partum Checklists (EPDS)
At assessment, the FAW will provide a pamphlet and discuss signs and symptoms of Post Partum Depression with every mother.

The Edinburgh PPD scale (EPDS) is administered prenatal (if applicable), within six weeks of the birth of the child of focus (COF), and six months of the birth of the child, or at any time staff witness or the mother discloses signs of PPD. The FAW may administer the EPDS at assessment at the FAW's discretion. For subsequent births, the FSW will follow the above schedule. Appropriate interventions and referrals are completed with anyone who scores "at risk", based on the recommendations of the tool and the Healthy Families Allen County Positive Postnatal Depression Scale Protocol.

Participants sign the consent upon entering services which includes whether they agree or do not agree to be administered the EPDS. They are informed that their choice will not affect the services they receive. This consent is filed in the participant's file. The participant may refuse the EPDS on the consent or at any time to the EPDS is administered.

Healthy Families Parenting Inventory (HFPI)
Healthy Families of Allen County implemented the HFPI on October 1, 2007 and is done on all families admitted from that date on. The tool is an inventory which examines feelings, attitude, and behaviors related to parenting as well as identification of areas of strengths and concerns for the parent. The tool identifies potential for child abuse and neglect as well as depression.

Participants sign the consent upon entering services which includes whether they agree or do not agree to be administered the HFPI. They are informed that their choice will not affect the services they receive. This consent is filed in the participant's file. The participant may refuse the HFPI on the consent or at any time to the HFPI is administered.

The HFPI is administered at baseline (within three months of the birth of the child of focus), at six and 12 months and annually thereafter.

HOME Scale
Healthy Families implemented the Infant/Toddler HOME Scale January 1, 2011 and has been administered to all families since this date. HOME Scales are used to measure the home environment. The scales are used for program evaluation as well as for service delivery planning

for families. HOME Scales are only completed on families who consent. Refusal to participate does not affect services. HOME Scales are administered (based on the birth of COF) at two months, four months, eight and 12 months. HOME Scales are entered into FAMILYWISE by the administrative assistant.

North Carolina Family Assessment Scale (NCFAS)
Healthy Families implemented the NCFAS September 1, 2011 and is completed with all families from this date. The scale is used to identify areas of need, leading to the development of a service plan or intervention plan. It identifies the family strengths and resources that can be mobilized to assist the family. The NCFAS is completed by the FSW and supervisor after the third visit, at 12 months, 24 and 36 months from the admission date. The NCFAS can be completed with a prenatal family that have other children, under the age of five, and then updated after the birth of the child.

5.04 PROCEDURE

Post Assessment Service Planning
After the assessment is received by the home based agency and the FSW is assigned, the FSW is to review the assessment. The supervisor and FSW should discuss any issues that could result in harm to the participant or family members prior to the first home visit. Issues regarding imminent harm must be discussed with the participant on the first home visit. Examples would be current family violence, post-partum depression, unsafe living conditions, and suicide.

Prior to the first home visit or at the first supervision, the supervisor and FSW will review the assessment. The supervisor will complete the top portion and first column of Initial Kempe Intervention Discussion form, including:

- Complete basic demographic information.
- Enter the date of the review/discussion with the FSW.
- Identify issues to be addressed in each of the 10 assessment domains in which the participant scored a 5 or 10.
- Enter the identified issues in the “Initial Kempe Risk Factors” column. Use N/A or “0” in box if no issues were identified.
- Supervisor and FSW may also review the screen for key notes by the doctor, hospital, social worker, or FAW.

During the first 45 days of service, the FSW is to use this form to discuss the Kempe issues with the participant to confirm the information and obtain an update on the issues. Discussion of Kempe issues is documented in the home visit narrative.

Initial discussion and the date of the discussion between the FSW and participant are recorded in the second column of Initial Kempe Intervention Discussion form. This discussion on how the participant currently views the different areas and their priority for working on the issues will assist the supervisor and FSW in developing more effective interventions.

As the issues are discussed with the participant, the supervisor and FSW will develop interventions/strategies to address the issues.

The supervisor will enter plans/strategies in the third column of Initial Kempe Intervention Discussion form. The intervention plan must be completed within 3 months. A copy of the

completed form should then be given to the FSW for home visit planning and the original is kept in the supervision book.

The supervisor and FSW will then at least quarterly review progress on the interventions during regular supervision. The supervisor will document the date of the supervision and progress in the fourth column of Initial Kempe Intervention Discussion form for the interventions that were addressed with the participant and their family.

Kempe interventions may be closed when the interventions have been completed with the family or the family states the concern is no longer an issue.

Interpersonal Violence
The IPV questions asked are provided by HFI. The FAW/FSW can ask the IPV questions either verbally or in writing. Positive IPV screens will be offered safety plan and referrals when appropriate. The assigned FSW will be notified of positive IPV screens completed at assessment. When possible, the FSW will complete the IPV screen if the FAW was unable to complete at assessment. If completed at assessment, FAWs will document results of IPV screen in assessment memo in the potential for violence section of the KEMPE. FAW/FSWs will document IPV screen results and enter referrals in FamilyWise.

Post Partum Checklists (EPDS)
At assessment, the FAW will provide a pamphlet and discuss signs and symptoms of Post Partum Depression with all families.

The Edinburgh PPD scale (EPDS) is administered prenatal (if applicable), within six weeks of the birth of the child of focus (COF), and six months of the birth of the child, or at any time staff witness or the mother discloses signs of PPD. The FAW may administer the EPDS at assessment at the FAW's discretion. For subsequent births, the FSW will follow the above schedule. Staff may also administer when recommended by supervisor or at any time staff witness or the mother discloses signs of PPD. Appropriate interventions and referrals are completed with anyone who scores 10 or higher or if the MOB scores 1 or higher on question 10.

Participants sign the consent upon entering services which includes whether they agree or do not agree to be administered the EPDS. They are informed that their choice will not affect the services they receive. This consent is filed in the participant's file. The participant may refuse the EPDS on the consent or at any time to the EPDS is administered.

Positive Postnatal Depression Scale Protocol/Procedures

1. FSW completes EPDS prenatal (if applicable) at 6 weeks after birth of COF and at 6 months after the birth of COF. The FAW may administer the EPDS at assessment at the FAW's discretion.
2. FAW/FSW will provide MOB with packet of information on PPD to all families. PPD packets will include (at a minimum) signs and symptoms of PPD, PPD resources, importance of postnatal nutrition, importance of self-care and a Daybreak brochure.
3. FAW/FSW will review PPD prior to leaving the visit with the family.
4. Appropriate interventions and referrals are completed with anyone who scores 10 or higher or if the MOB scores 1 or higher on question 10.
    a. If the family scores 10 or higher, the FSW is to complete a personal safety plan and provide a list of referrals to mental health professionals and/or a referral to the

family's physician.

   b. If MOB answers one or higher to question 10, the FAW/FSW will complete a No Harm Agreement. The FAW/FSW should discuss the score and help problem solve stressors and make referrals as appropriate for the family (e.g. AFSS, physician, Daybreak, mental health assessment, etc.) A supervisor and/or AFSS may be called immediately for additional support to the worker and/or family. The FAW/FSW is to ensure MOB is safe prior to staff leaving.
      i. Immediate supervisor and AFSS are to be notified within 24 hours of completing a No Harm Agreement.

5. Staff will document if personal safety plan and/or no harm agreement refused in home visit narrative and reason for refusal.
6. The immediate supervisor will be informed of the screen score and provided copies of personal safety plan and/or no harm.
7. FAW/FSW to follow up on referrals within appropriate timeframe based on the family's need or at the next home visit unless directed by a supervisor, manager and/or AFSS.
8. The FSW will enter referrals (i.e. AFSS, physician, Daybreak, etc.) into FAMILYWISE.

EPDS Paperwork

The FSW will have the participant sign the Program Tool Consent upon entering services which includes whether they agree or do not agree to be administered the EPDS. This consent is filed in the participant's file. If the participant refuses the EPDS, a copy of the consent form or the EPDS with "refused", the date, and the staff initials should be submitted to the Healthy Families administrative assistant. Completed EPDS scales should be submitted to the administrative assistant for entry into FAMILYWISE.

Healthy Families Parenting Inventory (HFPI)

The HFPI is self-administered but can be read to parents who cannot read the tool for themselves. The tool is administered at baseline (within three months of the birth of the child of focus), six months, twelve months, and annually thereafter. The tool is self-administered and takes approximately 15-20 minutes to complete. It consists of 63 questions which ask a parent whether or not a statement is true "Always or most of the time," "A good part of the time," "Some of the time," "A little of the time," or "Is rarely or never true." All HFPI scales administered are entered into FAMILYWISE.

A low score on any subscale suggests that area should be a target for additional treatment through the use of curriculum, activities, referrals, or as a potential goal on an IFSP. If any of the seven "red flag" questions (which are in the Depression and Role Satisfaction categories) score 4 or 5, the FSW and supervisor address parental concerns in supervision. Interventions may be written and completed as necessary for any low scoring subscales and red flag questions which score high. The FSW will discuss any concerns about responses given with the participant and their supervisor and consult with AFS staff if necessary.

HFPI Paperwork

The FSW will have the participant sign the Program Tool Consent upon entering services which includes whether they agree or do not agree to be administered the HFPI. The FSW will inform the participant that their choice will not affect the services they receive. This consent is filed in the participant's file. If the participant refuses the HFPI, a copy of the consent form or the HFPI with "refused", the date, and the staff initials should be submitted to the Healthy Families administrative assistant. Completed HFPI scales should be submitted to the administrative

assistant. All HFPI scales administered are entered into FAMILYWISE.

HOME Scale
The HOME Scale is administered by the FSW (based on the birth of COF) at two months, four months, eight and 12 months. There is a 30-day window before and after the due date. The tool consists of 45 statements divided into 6 areas and takes approximately 15-20 minutes to complete. The FSW will rate each statement as a plus (+) or minus (-). Statements indicate how the FSW may determine the rating. Statements may be rated by FSW observation (O), interview with the family (I), or either (E). All HOME Scales administered are entered into FAMILYWISE.

The plus and minus scores in each section are totaled and transferred to the summary section on the front of the score sheet. Scores that fall below the median indicate areas of concern. The FSW and supervisor will develop an intervention to address parental concerns. The FSW will discuss any concerns about responses given with the participant, complete interventions, and consult with AFS staff if necessary.

HOME Scale Paperwork
The FSW will have the participant sign the Program Tool Consent upon entering services which includes whether they agree or do not agree to be administered the HOME Scale. The FSW will inform the participant that their choice will not affect the services they receive. This consent is filed in the participant file. If the participant refuses the HOME Scale, a copy of the consent form or the HOME Scale with "refused", the date, and the staff initials should be submitted to the Healthy Families administrative assistant. Completed HOME Scales should be submitted to the administrative assistant. All HOME Scales administered are entered into FAMILYWISE.

North Carolina Family Assessment Scale (NCFAS)
The NCFAS is completed by the FSW and supervisor after the third visit, at 12 months, 24 and 36 months from the admission date. The NCFAS can be completed with a prenatal family that have other children and then updated after the birth of the child. There is a 30-day window before and after the due date. The NCFAS is divided into 8 domains with a varied number of subscales and an overall subscale under each domain. Scoring is done by a 6-point scale: Clear Strength (+2), Mild Strength (+1), Baseline/Adequate (0), Mild Problem (-1), Moderate Problem (-2), and Serious Problem (-3). All NCFA Scales administered are entered into FAMILYWISE.

A below baseline/adequate score on any subscale suggests that area should be a target for additional treatment through the use of curriculum, activities, referrals, or as a potential goal on an IFSP. There may also be areas where the family has indicated they would like to improve their circumstances. The FSW and supervisor must develop an intervention to address areas of concerns. Results are discussed in supervision, and interventions written for any low scoring subscales. The FSW will discuss any concerns with the participant during service delivery, complete interventions, and consult with AFS staff if necessary.

NCFAS Paperwork
Completed NCFA Scales are submitted to the administrative assistant and all administered scales are entered into FAMILYWISE. The original form is returned to the supervisor after entry and the FAMILYWISE printout is placed in the client's main file and the score sheet in the Agency Specific section of the Supervision Book.

5.05 HOME VISIT CONTENT

5.05 POLICY

Scheduling
Home visits are scheduled at the convenience of the family. Visits are available from 8:00 a.m. to 8:00 p.m. Monday through Friday. Evening and weekend visits are available when coordinated with the supervisor. Staff are encouraged to set routine visit times and send reminder cards or letters. Visits are only considered "scheduled" when the family has agreed to the time.

Planning
All staff are required to have a plan for each visit. Supervisors may assist in planning. There are recommended procedures for visit planning. Visit planning is based on IFSP goals, requests from the family, directions from AFS staff, program goals, the developmental needs of the family, events within the family, and paperwork due.

People Present for Visits
Program participants determine who is present during the visit. At a minimum the primary caregiver must be present. There are occasions when a visit will occur with another family member, this should be the exception not the rule. It is encouraged that the child of focus (COF) be involved in every visit, but this may not always be possible (sleeping, etc.). The COF should be seen at least once per month (or quarter for Level IV).

If children are in the custody of someone else other than the program participant (other parent, CPS, grandparent, etc.) then at least one visit per month must be scheduled with the custodial provider. If COF is removed from the home by CPS then 3 months of service continue to facilitate cooperation during this time. The child of focus may not be present during these visits.

All people present during a visit must be identified in the Home Visit Report. Participants must be asked to sign Consent to Communicate when there are visits with non-participants present. Communication consent must be signed to discuss anything about the program or participants with anyone besides the custodial provider.

Staff are encouraged to invite anyone who lives with the COF to participate in family activities. In a home where multiple children are present, staff are encouraged to offer activities for all children and/or take another staff to work with other children while the FSW works with the caregiver and COF.

Types of Visits
Visits are conducted when and where the family needs and wants. At least half the visits must take place in the home (where the participant resides). Visits may take place while transporting to doctors or social services, at appointments with service providers, a park, to group activities, at school, or work, as appropriate for the needs of the family. The COF must be present at least once per month (or quarterly for level 4). Program components must be addressed. Non-custodial fathers may be assigned their own home visitor who will visit when the father has visitation with the child at least once per month.

Time in Visits
The amount of time spent with a family is based on the needs of the family. Some families may

need multiple short visits to accomplish required activities, they do not "count" as home visits. Transportation, advocacy, and medical appointments are frequently lengthy visits. Visits (in home or other location) must be at least one hour and include program components on most visits (see below). "Secondary Activities," as defined by FAMILYWISE, are all other activities conducted with or on behalf of the family. Healthy Families Allen County considers both types of activities key to the success of families.

Home Visit Components
The principles of the program are reinforced during visits of all types. Staff are expected to seize all "teachable moments" to promote positive parenting, parent-child interaction, child development, and family health and safety. All of these areas are monitored via home visit reporting.

Positive Parent-Child Interactions
The FSW will routinely observe families, help build skills, and share information on appropriate activities designed to promote positive parent-child interaction based upon the use of curricula, activities, other resources, and naturally occurring experiences (teachable moments). Curricula and activities are utilized with families at least monthly to promote parent-child interaction, health and safety, and/or child development.

Child Development
The Family Support Worker will routinely observe families, help build skills and share information with families on appropriate activities designed to promote child development based upon the use of curricula, activities, other resources and naturally occurring experiences (teachable moments). Curricula and activities are utilized with families at least monthly to promote parent-child interaction, health and safety, and/or child development.

Health and Safety
See section 5.11. Curricula and activities are utilized with families at least monthly to promote parent-child interaction, health and safety, and/or child development.

Enhanced Family Functioning
In addition to promoting positive parenting, it is often necessary to address physical, mental, and spiritual needs of families. In order to do this, staff may need to provide case management related to mental and physical health, housing, food, school, employment, citizenship issues, etc. When possible, referrals are made to appropriate providers for these services. These services may not be available anywhere else, in which case, Healthy Families staff provide assistance. Due to this approach, staff and supervisor caseloads are closely monitored and staff receive extensive training in case management. All staff are provided seven day a week 24 hour management assistance and employee assistance programs (EAP) to deal with stress. Healthy Families Allen County is fully aware that case management is a secondary function of the program, but is committed to the needs of families.

Crisis Management (On-call)
Healthy Families Allen County has crisis management availability for staff and families 24 hours per day, seven days a week.

Referrals/Linkage to Other Services
Referrals to services are made based on the needs of the family and with written consent of the

family. Referrals are made for specific purposes and outcomes of referrals are tracked by the home visitor and supervisor. Every effort is made to link the families by providing transportation, accompanying to appointments for support, and modeling appropriate behavior when needed. This is a key area where "Do For, Do With, Cheer On" is used. When providing medical or legal referrals staff are required to offer at least two alternatives.

Referrals to CPS for suspected abuse/neglect do not require consent. Staff are encouraged to tell families about the report if it will not create potential danger for the child or home visitor. This is decided in consultation with the supervisor.

Staff may accompany program participants to court to provide support but any testimony can only be provided with a subpoena and a supervisor present. Written requests for information regarding families are only granted with the written consent of the program participant. CPS may request information in writing which will be released due to the consent, which is signed at initiation of service.

5.05 PROCEDURE

Home Visit Scheduling

Visits are scheduled at the parents' convenience. Every effort is made to schedule a routine time to visit, but the FSW must be flexible. Visits are generally between 8:00 a.m. and 8:00 p.m. Supervisors are notified of visits which are scheduled on weekends between 8:00 am and 8:00 p.m. The agency manager must approve visits, which begin earlier than 8:00 a.m. or end later than 8:00 p.m.

Reminder techniques are helpful. Send postcards, use calendars or reminder phone calls. A visit is not considered to be a "Scheduled Home Visit" unless the parent agrees to the time. It is best practice to schedule the next visit before leaving the current visit.

Use of the Home Visit Plan

The FSW will fill out a plan for each family at regular intervals. The IFSP goals can be written on one and then copied onto several forms to save time. The active plan will be kept in files for the family so it can be consulted when preparing for visits and also have it present for supervision.

Since this HV plan is an informal document for use by the FSW, it may be filled with brief phrases, abbreviations, etc. The only requirement is that there is enough information to make plans clear to the supervisor if someone else must take over visits for the family permanently or temporarily.

Weekly plans must include one child-centered activity unless a transportation visit is planned. Other sections of the plan will be filled out as needed with one activity directed at IFSP goals each month.

People Present

People present at a visit are determined by the parent being served. If both parents of the COF are participating in visits, both sign consents and releases. A Consent to Communicate form is completed for people who routinely participate in visits.

If other people are present (family, friends, etc.) the FAW/FSW asks the participant if it is

acceptable to talk in front of the other person or people. Follow the participant's directions. If they agree, include the other person (people) in the discussion or activities. If they say no, reschedule the visit. If the FAW/FSW feels the other person is disruptive they may reschedule. The FSW follows the lead of the participant. Do not discuss confidential information in the presence of others unless the participant "opens the door".

All people present must be documented on the Home Visit Report. If the person is active in the visit they must be listed by relationship to the COF. Otherwise documentation can be more general (example: two friends, neighbors, etc.). If other agency providers are in the home (First Steps, CPS, etc.) a release must be signed in order to talk with them.

Visit Types
Visits are conducted where the family decides is best. Visits may be home visits, transportation visits, and other site visits. Most visits are completed in the home.
FSWs use transportation and other site visits to conduct activities done in home visits as well as modeling advocacy. Visits outside the home are approved by supervisors in order to establish healthy boundaries.

Time In Visits
It is assumed that it takes at least one hour and primary caregiver(s) must be present in order to implement the Healthy Families program. All contacts with families are important but anything less than one hour is considered a secondary activity.

Staff respect the wishes of families and leave when parents ask. Do not stay longer than welcome just to "get a visit" but use every teachable moment.

Home Visit Components
The primary function of Healthy Families is to promote positive parenting, PCI, child development and health and safety. Visits are planned with these activities in mind. The use of curriculum, videos, articles, games, and referrals are routine parts of the plan. FSWs are respectful of learning styles of the participant. Modeling appropriate behavior is important and is referred to in most curricula, used by Healthy Families Allen County.

FSWs are expected to use one of many curricula with families. The curriculum chosen is based on the families' needs. All home visit components are documented in Home Visit Report in FAMILYWISE.

Positive Parent-Child Interactions
The FSW will facilitate positive parent-child interaction between the parent and baby during home visits. For families that enroll prenatal, the FSW will not only focus on the growth and development of the baby and the pregnancy experience, but also on bonding and attachment in utero. This pattern of positive parent-child interaction will serve as the template for future interaction between the two.

The FSW will utilize one of the many curricula available within the program to present information on positive parent-child interactions. Such curricula are approved by Healthy Families Indiana and include but are not limited to: Partners for a Healthy Baby, MELD, Young Family Parenting Information, Partners in Parenting Education, 24/7 Dads, etc. The curriculum or curricula used during home visits will be documented on the home visit record.

Positive PCI is promoted through the use of parent-child activities that are intended to encourage the attachment and bonding between parent and child. Activities that promote bonding and attachment include but are not limited to: talking, singing, and reading to the baby. Activities may also be recommended from the curriculum presented to the family. The activity is recorded, along with the FSW's observation of parent-child interaction in the home visit record in FAMILYWISE.

The FSW should reinforce positive bonding and attachment while building on existing strengths within the family and creating opportunities for learning new skills through sharing information on brain development, building trust with the child and parent, encouraging parents to talk to and hold their babies as much as possible, ensuring consistent and adequate care, father involvement, breastfeeding, and using resources such as videos and pamphlets that encourage and support the parent-child relationship. Information provided should be identified in the home visit record in FAMILYWISE.

Child Development

Child development activities will be designed to promote both the parent-child relationship and the baby's physical and emotional development. Activities will be based on the baby's developmental age and parents will be encouraged to interact with their child during the parent-child activity presented at home visits. The FSW will provide guidance and encouragement along with sharing their observations with the parent during the activity. Observations of the activities conducted will be documented in the home visit record in FAMILYWISE.

The FSW will share with the parents how the parent-child activity encourages healthy development and will provide suggestions on other age-appropriate activities that encourage development as needed. Information shared will be documented in the home visit record in FAMILYWISE.

The FSW will utilize one of the many curricula available within the program to present information on child development. Such curricula are approved by Healthy Families Indiana and include but are not limited to: Partners for a Healthy Baby, MELD, Young Family Parenting Information, Partners in Parenting Education, 24/7 Dads, etc. The curriculum or curricula used during home visits will be documented in the home visit record.

Supplemental resources may be used to promote child development. These supplemental resources may include brochures, pamphlets, videos, internet articles (with supervisor or manager approval), DVDs and games.

Developmental progress of the child is tracked using the ASQ questionnaires.

Health and Safety

See section 5.11.

Enhance Family Functioning

While promotion of positive parenting, PCI, child development and health and safety are the primary focus of Healthy Families, the basic needs of families must also be met. FSWs are frequently the only resource available to families. It is always preferable to make referrals to other community resources. The philosophy of Healthy Families Allen County is "Do For, Do With, Cheer On." The FSW assesses the family's ability to act independently and then uses the

appropriate approach. Examples of needs that may need to be addressed: food, furniture, utilities, clothes, medications, housing, counseling for mental illness. Case management is not the primary function of Healthy Families Allen County but is often necessary.

Crisis Management
The agency has a 24 hour crisis management plan. While it is required to respond to crises, the first response is to contact crisis oriented agencies such as the domestic violence shelter, First Call for Help, Park Center, CPS.

No staff person makes crisis visits at night or on weekends without permission of the manager or administrator.

Linkage to Referrals
Linking families to appropriate community resources is key to the success of families. The agency maintains a community resource list for staff to access.

Referrals are based on the needs of families. If the staff person is calling the referral service for the family, there must be a consent signed by the family. It is sometimes necessary to transport and/or accompany the parent to agencies in order to advocate and/or model behavior. This also requires a written consent if the worker "talks" for or about the parent.

All referrals include follow-up with the parent to determine whether the referral was appropriate. All referrals and follow-up are documented in FAMILYWISE and are tracked in supervision. Referrals are to be followed up on 30 days after information is given to the family.

5.06 BASIC HOME VISITOR RULES

This list is guidance for staff in order to comply with Healthy Families Allen County philosophies:

- All families are treated with respect.
- The participant decides when visits will occur in the home unless there are issues of safety for the home visitor. Families agree to home visits, which implies workers will most often visit where families reside.
- Participants decide who participates in visits but the participant must contact the Healthy Families administrator to refuse to allow a supervisor or QA staff to visit with reasons as to why they do not want the particular staff in their visit.
- Visits focus on program components.
- Visits are scheduled in advance when possible.
- If workers are going to be late or need to cancel, families are notified with an apology.
- Participants are asked if visits can occur when other people are present. The Consent to Communicate is used to document this.
- Workers ask before moving throughout a family's home.
- No gifts are given or accepted. Refusals are handled tactfully and explained as policy.
- All families are treated equally in regards to conduct and giving of incentives.
- Families' cultural differences are valued and respected.
- The program is promoted with families, not the relationship with the worker.
- Boundaries are tactfully established early in the relationship.
- Confidentiality is always protected:

    - Information regarding families is only discussed when the participant signs a release.
    - Releases are never for more than one person or provider.
    - Releases can be withdrawn at any time by the participant.
    - Notes are left on plain paper or note cards, in white envelopes, and no confidential information is included.
    - Phone messages are general and do not indicate the program name. Consent to Communicate is used to determine when and to whom staff may leave messages.
    - When in public, staff waits for participants to identify them.
- Advocacy is used as a modeling opportunity.
- When working with other agencies, workers are acting as a program representative. Behavior is professional and positive. Inappropriate or negative behavior reflects on the program or family and may cause future consequences.
- When making medical or legal referrals two or more alternatives are always given.
- Families are always involved in the development and implementation of their goals. Staff guide the process.
- Families are encouraged to seek medical, dental, and mental health services. Their right to be non-compliant is respected.
- Families can refuse or discontinue visits at any time. Staff may encourage participation because the program can benefit the family. Staff should refrain from phrases that place a burden on the family such as “I have to make weekly visits”, “I have to stay an hour.”
- Visits are generally at least one hour. This is not for billing; it is to allow enough time to address program components.
- “Do For, Do With, Cheer On” is the service philosophy of the program. Staff are responsible to measure a parent’s ability to act independently and assist, model, and/or encourage as appropriate.
- Partners and/or fathers are highly encouraged to participate in activities.
- Parents of teens are encouraged to participate. Their permission is required to provide services unless the teen is emancipated.
- Discipline is promoted as teaching positive behavior modification. Parents are discouraged from using corporal punishment but are not chastised if they choose to use it. Assistance is always offered to help them use alternatives.
- All families are provided curriculum based services. This is not “giving” curriculum. It is teaching a concept from a curriculum with activities that are appropriate to teach.
- Transportation may be provided with a signed consent and appropriate car/booster seat.

5.07 LEVEL SYSTEM

5.07 POLICY

Levels are used to determine service delivery, caseload size, and caseload assignment. The premise behind the level system is that all families enter on the most intensive level (weekly home visits) and remain there for at least six months after the birth of the child of focus or six months from enrollment, whichever is longer, excluding time on creative outreach. Families are eligible for level movement when they have met established criteria which measures their progress related to parenting and self-sufficiency. Level movement decisions are discussed between the home visitor and supervisor as to increasing or decreasing services. Once the home

visitor and supervisor determine a family is eligible for level change, the FSW discusses the family progress (or need) with the family and offers decreased (increased) number of visits.

5.07 PROCEDURE

Case Review and Level Moves
All cases are reviewed at least one time per month. The levels are reviewed, at a minimum, every six months unless the families do not change levels and then it is reviewed, at a minimum, every three months until the family moves to the next level. Level movement begins during supervision, based on this conversation. Discussion centers on completion of level criteria and the strengths/needs of the family. Supervisors document the date of all discussions. The FSW then discusses reducing/increasing visits with the family and reviewing progress made on goals, problem solving, parenting, etc.

The terminology "level(s)" is not used in discussion with families - progress, goal achievement, strengths, needs and visit expectations are examples of appropriate discussion topics to use with the family. If the family refuses to increase/decrease visits, the supervisor will review again in three months. If, at that time, families refuse, the supervisor will contact the family. If the family agrees to the change, the date of discussion is recorded on the Level Change form. Supervisors change the level in the database files and document the change in the supervision book.

Any family that has been on a level for more than six months must be reviewed for level appropriateness quarterly and documented on the Level Change form.

All families enter the Healthy Families program on level UE. After the family consents to services, the family is moved to either 1A (postnatal) or P1 (prenatal). All families are offered weekly home visits for at least six months after the child of focus is born or six months from enrollment, whichever is longer, excluding time on creative outreach (level X1 or X2). Level P1 (prenatal) families may move to level IA or SS upon the birth of the baby, based on the needs of the family.

Families must meet criteria for level moves in order to reduce visits; it cannot be based on time in the program alone or to make them "billable". Families are offered appropriate numbers of visits but are not to feel forced to be compliant. There are times when circumstances prohibit families from keeping required visits or prohibit families from visiting in their home if on level IA. The program manager must approve placing families on level IC.

Level Description

PST	1 point	1 visit/month
ST	3 points	2 to 4 visits/month
Level P1	1 point	2 visits/month
Level IA	2 points	4 visits/month
Level IC	1 point	2 visits/month
Level II	1 point	2 visits/month
Level III	.5 points	1 visit/month
Level SS	3 points	4 visits/month (req. additional contacts or longer visits)
Level X1 or X2	.5 points	90 days creative outreach determined by supervisor and FSW
Level X3	.25 points	After 30 days of creative outreach or following a refusal, creative outreach determined by the supervisor

Criteria for movement are listed on each level change form. All families enter services on UE until they consent. Once the consent form is signed, they are moved to the appropriate initial level. The family must meet all criteria for the level they are moving to except level SS, IC and level X; only one criteria must be met for those levels.

While on level IA, the FSW attempts weekly home visits for six months, completes an IFSP in coordination with the family (and supervisor) and begins steps toward goal achievement.

Movement to less intensive home visits is based on meeting the criteria on the level change form. Movement to level 2 may occur after client has received six months of service at level IA or IC exclusive of time spent on level X1, X2, or X3, in addition to the criteria required for level II. Movement to IC requires management approval and completion of an IFSP prior to movement.

Clients may be moved "down" levels of service when appropriate, which is usually driven by an increased need for support or by client request for a long-term change in home visiting frequency based on these increased needs. Increasing services must be discussed and approved by the family, the FSW and the supervisor. When the family no longer needs intensive services, the family will be moved to an appropriate level of service as agreed to by the family, FSW and supervisor.

Assignment of level SS is for families who have need for intensified weekly home visits and additional support for a short term period. The level is used at the discretion of the supervisor. Families may be placed on SS from any level including P1.

Families may be placed on level X1 or X2 for creative outreach purposes. Families remain on level X for a minimum of three months unless re-engagement occurs, the family verbally refuses services or signs a No Contact form, or moves out of the service area. Families may be moved to level X3 where the FSW will not be expected to continue creative outreach due to no contact information available or the family verbally refuses services. Families on level X3 will be moved to the supervisor's caseload and receive additional contacts as determined by the supervisor and program administrator. Assignment to level X1, X2, or X3 is based on the level change form criteria. Families will be moved to level X1 if there has not been an IFSP completed with the family. Families may be placed on level X3 after one month of unsuccessful creative outreach for the remainder of the 90 days or following a refusal of services.

Families re-engage when they have kept two scheduled consecutive home visits and have a current IFSP. Families return to an agreed upon level of service, by the family, supervisor and FSW based on eligibility criteria. Families cannot move from level X1 to level X2 directly. If a family on level X1 completes an IFSP, they will need to go to level IA prior to moving to level X2.

Use of level PST (prenatal) and ST (postnatal) is for short term services and is a non-Healthy Families level. Families on either of these two levels may not qualify for Healthy Families Indiana services, may be in research and evaluation projects, etc. Only the program administrator may approve use of PST or ST.

The eligibility for graduation from level III (and Healthy Families) is based on the reduction in 2 or more non-history risk factors, completes at least one goal while on level 3, use of non corporal

forms of discipline, and COF must be 24 months of age. Prior to the second assessment, the FSW is responsible for discussing discipline techniques/strategies to confirm that the parents do not spank or hit. At a minimum, the parent who primarily participated in services and who was previously assessed will receive a second Kempe assessment to measure change in non historical risk factors. If both parents participated in the original assessment, then both are eligible for offer of a second assessment but do not need to be present together for a second assessment. The supervisor of the FSW serving the family must give approval for consideration of graduation status and is responsible for coordinating with the FAW supervisor. Only those non-historical risk factors which scored on the initial assessment are addressed during the re-interview.

Clients will close out of services when the child of focus turns three.

5.08 OUTREACH/CLOSURE

5.08 POLICY

Families who have not engaged or are disengaged are placed on creative outreach. All staff are trained to use creative outreach. It is assumed that families lack trust and stability and may require creative and persistent outreach to engage or re-engage them in services. Families remain on outreach for a minimum of ninety (90) days before closing. Prior to closing, supervisors must attempt contact with the family. Families may only close prior to 90 days if they have moved from the service area or the family has requested no contact. Whenever possible, the FSW will begin discharge planning with families, to include providing referrals such as 211, Network for Safe Families and Daybreak. If the FSW is unable to give the family these referrals they should be mailed by the FSW or supervisor.

5.08 PROCEDURE

Creative outreach level is referred to as UE, X1, X2, and X3. Families who have not engaged or are disengaged must remain on creative outreach for at least three months (UE 6 weeks) unless:

- The family resumes consistent visits for their agreed upon level of service.
- The family moves from the service area (discharge planning, referrals and linkage to other programs must be attempted).
- The family refuses service (see procedures for specific criteria).
- The family has been on UE for six (6) weeks or more.
- The family moves with no contact information available (no phone number, no one at house, letter with no forwarding address, calls to other services with no address).

All families on creative outreach are included on mailings, newsletters, and surveys in order to give them opportunities to give their input.

The following guidelines are to be used whenever attempting outreach with a client:

- If the client does not agree to meet initially, send outreach letters that describe the Healthy Families program and services the FSW can provide and assist with.
- Offer an incentive to meet if necessary.
- Persistence pays off. If the client is not home during the scheduled visit times, try to

schedule appointments at varying times and days.
- Once contact is made, ask for their concerns about the program, the schedule or past FSW.
- Follow up with family needs.
- Follow normal client etiquette.
- While on level X1 or X2, staff will use the creative outreach guide and record as a guide for persistent efforts to locate and engage a client (e.g. attempted home visits, letters/curriculum, attempted phone calls or texts to client or other referral resources, etc.).
- While on level X3, the supervisor will modify the creative outreach guide and record and will monitor for additional contacts to reach the client and/or attempt to verify if a client has verbally refused services and obtain a No Contact form (no attempted home visits are required).
- For clients on level UE, FSWs will make a total of eight attempts of outreach, of which three are to be considered aggressive (e.g. attempted home visits, phone calls, text with answer, calls to referral sources or relatives).

Site cannot exceed a total of 20% on level X or IC at any time.

CLOSURE PROCEDURES
Families will be closed from Healthy Families Allen County under the following circumstances:
- Families may request closure at any time because services are voluntary (a family verbally refuses services or a No Contact form is signed).
- Families have moved from the service area.
- When CPS is involved resulting in a removal of the children from the home for a period longer than 3 months.
- Graduation (after a minimum of two years of service), or completion of program (three years of service calculated from the birth date).
- Death of primary caregiver (if new caregiver does not choose to remain in the program) or death or a target child. Three months of follow-up, to include grief counseling, may be provided.
- Transfer of custody of target child, if new primary caregiver does not choose to participate in the program.
- Violence towards staff. The Healthy Families manager may approve closure of a case when staff are assaulted or threatened. Management intervention must be attempted first.
- Un-enrolled families (UE) have not agreed to enroll in Healthy Families services.
- The family has not responded to creative outreach which has been offered for at least three months.
- Families who give prior notice that they will be moving out of the service area, the FSW will attempt to link the family to a Healthy Families program in the area they are moving to if the family wishes and a program is available.
- FSW will attempt to provide discharge planning and referrals for all families leaving services.

Non-CPS Closure Procedures:
- Families who refuse service or cannot be located will be placed on creative outreach, which will follow creative outreach guidelines. See Level Change form to determine which level or outreach (X1, X2 or X3) is appropriate.

- If such families are unwavering about not accepting services and indicate resistance to creative outreach, they will be closed after the supervisor obtains a verbal refusal or signed No Contact form from the family and the program manager approval has been received.
- Supervisors are expected to attempt to contact every family before closure from the program through a variety of outreach methods including: attempted phone contact, letters, and drop-bys (as appropriate).
- Once on level X, creative outreach efforts will begin as suggested by the creative outreach guide and record:
  - Quality assurance procedures including attempted contact by the supervisor (face to face, telephone or letter) to determine reason for closure.
  - If no response from the client by the deadline, the case will be closed by completing the required data entry into FAMILYWISE and a closure form.
- It may be appropriate to move the client to level X3 if the FSW completes 30 days of outreach with no success or the client verbally tells the FSW they no longer want services. The client will be moved to the supervisor's caseload and the supervisor will modify the creative guide and record and continue needed outreach based on judgment of the supervisor and administrator.
- If a family moves out of the service area the case can be closed without three months of outreach after consultation and approval of the program manager.
- Families who give no notice that they are moving or stop visiting without notice are given three months of outreach before closing unless the supervisor can contact the family or verify the family has moved out of the area.
- Families which close without being placed on level X – graduating, aging out, budget constraints, adoption or death of the infant – the family will be informed of closure and the date of closure in addition to appropriate referrals.
- FSW will attempt to provide discharge planning and referrals for all families leaving services.

No Contact Closure Procedure

- Supervisors are expected to market the program and promote outreach before having the No Contact form signed.
- Supervisors are to make an effort to see the family and get the form signed.
- If not possible, call the family and ask during the conversation if you can send the form to them to be signed. Document the conversation and send the form with return envelope and a thank you for completing.
- For families who have no phone or who cannot be reached by phone, document attempts and send a letter explaining what you want them to know and ask for the form to be returned.
- If a family is not seen by a supervisor, talked to by a supervisor, or does not return the No Contact form, then the client may be moved to level X3 with outreach continued based on judgment of the supervisor and administrator.
- For families with a verbal refusal or signed No Contact form, the case is closed.
- If a family marks yes to receive developmental material for the next three months the family is terminated in the database but continues to receive materials. Supervisors are responsible for ensuring materials are sent.
- If the FSW is not able, the supervisor will attempt to provide discharge planning and referrals for all families leaving services.
- The program administrator will monitor patterns to assure that no staff person or

supervisor abuses the process.

CPS Closure Procedures:

- Families reported to CPS will remain open unless the child of focus child is removed from the home. Once CPS removes the child of focus child, efforts to facilitate the client's utilization of other services will be accelerated, along with efforts to reunite the family. The family should be placed on level X once the child of focus has been removed. If the child remains out of the home for over three months, closure procedure will be initiated after consultation with the program manager.
- Families should receive the same quality assurance contacts, as well as a letter notifying the family of closure with three appropriate referrals.
- Families with more than one target child will remain in the program unless all target children are removed from the home.
- All closure decisions must be made in consultation with and approved by a supervisor, and quality assurance procedures must be followed prior to closure. The program administrator will make final approval of all closures, ensuring adherence to outreach requirements.
- If a participant wishes to appeal the decision to close their case, they may:
    - Request a meeting with the Healthy Families program administrator for appeal.
    - Appeal to the agency's executive director, if the decision of the administrator is not satisfactory. The executive director's decision will then be final.
- Database closure procedures must be followed and completed in the month of closure (e.g., if the client is closing in January, data entry to close the client out in the system must be completed by the end of January).
- Re-opening a case may be done if the client has not been terminated longer than three months. Examples of appropriate reasons to re-open a case include: worker failure to make proper contacts, programmatic problems or analysis, or client has returned to community. The proper database procedures require removing the termination level, termination date, and termination status. Clients are not issued a new number. The program administrator must approve all case re-openings.

5.09 INDIVIDUAL FAMILY SUPPORT PLAN (IFSP)

5.09 POLICY

Individual Family Support Plans are the documents completed by the home visitor with the families to direct the services that will be provided by Healthy Families. Services are driven by the IFSP and uses family centered practices: strengths and needs are identified for the family, and these are taken into consideration in the development of the goals and/or objectives. Participants should have an active IFSP.

5.09 PROCEDURE

The home visitor, family and supervisor collaborate to set meaningful goals for the family and develop specific, measureable objectives for achieving those goals, taking into consideration family strengths, needs, concerns and potential barriers related to the goals.

The initial IFSP is completed within 45 days of enrollment. Sources for possible initial goals:

- Assessments completed with families (Kempe, EPDS, HFPI, NCFAS, ASQ)
- Discussions with MOB/FOB
- IFSP worksheet /brainstorming form completed with clients

The IFSP worksheet is most commonly used to develop the IFSP. The parent identifies on the Support Plan Worksheet what he/she would like the FSW to help to achieve. The worksheet also helps the family to identify family strengths, needs, concerns, and potential barriers to achieving their goals as well as appropriate services to meet needs. This information is recorded on the IFSP worksheet and on the front page of the IFSP. The information on the Support Plan Worksheet is reviewed by the supervisor to ensure that it is incorporated into the development of the IFSP. The supervisor may provide guidance on how to make the goals achievable or how to break those goals into measureable steps. This conversation should be documented in the supervision book.

The IFSP is handwritten (in ink and without use of white out) by the FSW and the family and includes the following:

- Family Strengths and Abilities to Meet Goals - these are to relate to how they help MOB/FOB reach the goals.
- Current Family Concerns/Barriers to Meeting Goals - these need to relate to how these affect MOB meeting her goals.
- Community Services That We Have Used or Could Help Us Reach New Goals - These are services that MOB is currently using or ones that might be helpful to reach the goals.
- Health Information - include both MOB's and COF's doctor. Immunizations can be per MOB's report.
- Goals and measurable action steps with timelines or behavioral outcomes to achieve goals. Timelines and outcomes expected cannot exceed six months.

Once the IFSP is completed and approved by the supervisor, the family, home visitor, and supervisor sign the handwritten copy. The family and supervisor are given a copy of the IFSP and the the original is filed in the client file. Also, the Support Plan Worksheet is filed in the supervision book behind the copy of the developed IFSP.

All discussions with the family regarding development of goals needs to be documented in the home visit narrative. During home visits, there is discussion about work on IFSP goals, specifically education, activities, referrals and support provided in achieving the goals. Praise should be given to families for achievements. These activities should be documented in the home visit narrative.

The supervisor and FSW collaborate to ensure the goals for families remain relevant. Challenges to achieving goals are addressed, successes for progress on steps/objectives are praised, and the services the home visitor provides are connected to the goals (i.e., serves as the guide for services). Discussion between the supervisor and FSW should be documented regularly in the supervisor's Client Supervision Log**.**

If a client enrolls prenatal, an initial IFSP may be completed with a prenatal goal. If the goals are prenatal-focused, they are reviewed and a new IFSP is written within 45 days from the date of birth of the target child.

An IFSP must be done a minimum of every six months but may be done more often depending on the functioning and circumstances of the family, if there has not been progress on goals or if the goals have been completed early.

Planning the next IFSP starts four to six weeks ahead of time with a discussion between the FSW and supervisor regarding progress on current goals, results of assessments that have been conducted in the last six months, and clinical or DFC involvement. All discussions between supervisor and FSW are documented in the Client Supervision Log.

Prior to the development of the new IFSP, the current IFSP is reviewed by the FSW and family. The FSW takes his/her copy to the family to review what has been accomplished and where they want to go with goals they are still working on. The FSW is to identify the “Looking Back” section and circle the appropriate answer. The family and the FSW sign and date the old IFSP at this review. The supervisor will sign and date the review after the discussion with the family. The review with the family should be on or before the new IFSP is written. Document the review with the family in the home visit narrative.

The original reviewed copy and the new IFSP are filed in the family file. The FSW will make a copy of the new IFSP for the family for reference. A copy of the reviewed IFSP is kept in the supervision book and is filed on top of the previous IFSP with the newly created IFSP and new IFSP worksheet.

5.10 DEVELOPMENTAL SCREENING

5.10 POLICY

Healthy Families of Allen County is committed to promoting positive childhood outcomes, one of which is child development. In addition to teaching parents what to expect, child development is monitored through use of the ASQ-3 and ASQ-SE.

All staff and supervisors are trained prior to use of the screening tool by a supervisor or designee who has been trained and has experience administering the ASQ tools.

The ASQ-3 is administered at 2, 4, 8, and 12 months and every subsequent six months up to three years of age. The ASQ-SE is administered beginning at 6 months and every subsequent six months, up to three years of age. The two ASQ tools are not to be administered together at the same visit. The “window” for opportunity for screening is 30 days before or 30 days after and there must be at least 3 weeks in between testing months. ASQ tools are to be completed even if they fall outside the required timeframe with the correct age tool but not entered into FAMILYWISE. Original scoring sheet is turned into supervisor to be reviewed and filed in family file. Results and related activities are documented in FAMILYWISE and monitored by supervisors. Supervisors routinely review timeliness and outcomes, referrals, and activities related to child development.

Children who have one or more areas below cutoff (in the black) in the ASQ-3 or two or more areas close to cutoff (in the gray) receive a referral for follow up to either their pediatrician or early intervention services for testing or interventions. In the ASQ-SE any child that scores above the cutoff receive a referral for follow up developmental services. Suspected developmental delays

are tracked in a centralized system with documentation of referrals and other interventions given.

5.10 PROCEDURE

ASQ-3 and ASQ-SE Administration Procedures

- All children are to have an ASQ-3 2, 4, 8, 12 and subsequent six months after. If the FSW has not had the appropriate training, the supervisor must ensure that someone who has had the appropriate training complete the screen on time. The FSW is responsible to track ASQ screens and assure that they happen in a timely manner. The supervisor follows up and discusses the target child development during supervision.
- To be considered on time, ASQ tools must be administered within the "window of opportunity" which is no more than 30 days prior to or no more than 30 days after the due date. Due dates for premature children are adjusted for children up to age two by entering weeks premature in FAMILYWISE.
- All ASQ screens must be reviewed by the supervisor for accuracy of birth date and scoring and appropriate use of the tool.
- Any "window of opportunity" that is missed must be completed but is not entered into FAMILYWISE.
- If the physician or First Steps is already seeing a child for delays, staff are to indicate developmental services in FAMILYWISE. When this is chosen, it will indicate a family already in other developmental services and will not be required to be completed by the family unless they choose to do so.
- Developmental concerns. Any time during service delivery that a parent questions the development of their child, the FSW should offer to do ASQ tools screen to rule out and/or teach appropriate developmental expectations. These screens done outside Healthy Families guidelines will not need to be entered into FAMILYWISE.
- When an ASQ tool is completed the discussion regarding the completion and the results would be documented in the home visit narrative. If a referral is made to the family or if the family discloses that they are receiving assistance for the issue, then this is documented as well.
- Children who have one or more areas below cutoff (in the black) in the ASQ-3 or two or more areas close to cutoff (in the gray) receive a referral for follow up to either their pediatrician or early intervention services for testing or interventions.
- See ASQ-3 and ASQ-SE manuals for administration procedures.

ASQ-3 and ASQ-SE Tools Training Procedures

All staff administering the ASQ are trained in supervision using the ASQ manuals and DVDs appropriate for each tool. Staff are not to complete any ASQ tools until they have had this training.

Supervisors will also train the proper reporting tools in FAMILYWISE.

5.11 HEALTH AND SAFETY

5.11 POLICY

Family Linkage to Healthcare

Healthy Families Allen County is committed to adequate healthcare for all families. In addition to

working with individual families, management and administrative staff are continuously seeking partnerships which aid families with meeting their physical and mental health needs.

Home visitors are responsible for routinely monitoring the physical and mental health of families. Observations are documented in FAMILYWISE and discussed in supervision. Home visitors are responsible for linking families to appropriate medical care by making referrals, transporting, and accompanying to appointments as requested. Health and safety issues for COF and/or the family are addressed at least quarterly. These can include topics such as well baby visits, immunizations, family planning, home safety, blunt force trauma prevention, SIDS, abusive head injury, water safety, appropriate adult supervision, and others based on family need. Documentation of education and discussion is maintained in the home visit narratives of FAMILYWISE.

Supervisors oversee medical linkages for families assigned to their staff's caseloads. The manager is responsible for monitoring medical linkages for their overall agency caseload.

Medical Homes

A medical home is defined as any medical provider who provides both well and sick care and who maintains medical records for the patient. This can be a clinic, practitioner, pediatrician, etc. Healthy Families Allen County acknowledges diversity and accepts cultural variation. Information and referrals will be given to families without a medical home.

All families are encouraged to maintain a medical home for the entire family. Home visitors are responsible for monitoring and documenting the medical home for the COF. This is based on verbal reports given by the MOB or FOB. Home visitors do not contact doctors unless a release is signed and there is a significant medical concern that requires Healthy Families' assistance or intervention or the FSW is attempting to obtain proof of immunizations. FSWs do not give medical advice. Whenever possible, releases are signed by the family so that collaboration with the medical provider can occur when appropriate. The medical home for the COF is documented in FAMILYWISE. FSWs should encourage routine well baby visits and annual checkups for older children with the defined medical home. Supervisors are responsible for monitoring overall caseload compliance for medical homes.

Immunizations and Well Baby Visits

Healthy Families Allen County is committed to assisting with immunizations for all children. Home visitors are responsible for educating parents on the importance of immunizations and scheduling well baby visits. Immunizing children is optional for parents. Healthy Families Allen County follows the schedule chosen by the families' individual physician, generally the Centers for Disease Control or American Academy of Pediatrics or the Indiana State Department of Health. Well baby visits schedules are determined by the medical provider but compliance is documented in FAMILYWISE at the following intervals: one, nine, 12, 24, and 30 months.

While staff assist families in getting timely immunizations, program compliance is determined by the number of children who have "up to date" immunizations.

Home visitors will also discuss immunizations with the family and offer assistance to the family to get the immunizations up to date if needed. The discussion is documented in the home visit report.

Frequently, immunizations are not timely due to the child being premature or ill or lack of availability of serum. Supervisors should document as such in FAMILYWISE and supervision notes.

The program administrator is responsible for monitoring overall program compliance.

Linkage to Health Related Services

- Hoosier Healthwise - Any family who does not have medical insurance for their children is referred to the SCAN Hoosier Healthwise enrollment site. The agency has an intake schedule and referral forms.
- Super Shots
- WIC
- Lead Screening
- Family Planning
- Prenatal/Postnatal Care
- Substance Abuse

Home Safety

Staff are expected to monitor the safety of all homes as related to the developmental stages of the children and based on community standards. Home Safety Checklists are completed at four, 9, 18 and 30 months. Any concern identified must be discussed with the family. Home visitors make referrals to appropriate agencies for assistance. All curricula used by Healthy Families of Allen County include home safety tips and techniques. Administration is documented in FAMILYWISE.

Transportation Safety

All staff are required to use seat belts and appropriate child restraints when transporting families. All staff are to ensure clients are aware there is a no-smoking policy during transports. Families are educated in the proper use of both. All staff are trained in proper car seat installation.

Abusive Head Trauma

Due to the age of the children served by Healthy Families of Allen County, Shaken Baby Syndrome (Abusive Head Trauma) is a serious concern. All staff are trained to monitor for risks and indicators of this type of injury. Within 45 days of admission all families receive education on the prevention of Abusive Head Trauma. This is documented in home visit reports.

Sudden Infant Death Syndrome (SIDS) Prevention

All families receive SIDS prevention education on the first home visit. This training includes "Back to Sleep." Staff are trained to monitor for risks and provide support to families who have concerns. When possible, referrals are made to assist families in accessing safe sleep supplies. This is documented in home visit reports.

Abuse and Neglect

All families are educated during the first home visit of the Indiana State law regarding reporting suspected cases of child abuse and neglect to the proper authorities. Over the course of services, the FSW is also responsible for educating families on what constitutes abuse and neglect. This conversation will include SCAN's commitment to ensure parents receive information on non-corporal forms of discipline, accessing medical care for the children when needed, ensuring the child's basic needs are met and providing a safe and healthy home

environment as defined by community standards.

Interpersonal Violence
The IPV is administered on all MOBs assessed, when appropriate. The IPV and IPV referrals and safety plan can be declined by the MOB.

5.11 PROCEDURE

Family Linkage to Healthcare
Healthy Families of Allen County promotes the use of regular medical providers for all family members. During home visits the FSW is responsible for the following:

- Discussion with the family regarding if the parents and child(ren) have a regular physician (doctor, clinic, etc. who provides both well and sick care),
- Documenting the current status of use of medical providers for the family on the Household Member record and the child of focus and subsequent birth children on the Target Child record,
- Providing and documenting all referrals made to assist the family to obtain a medical home if the family and/or child of focus do not have one including but not limited to: medical providers, dental care providers, Hoosier Healthwise for children , Medicaid for pregnant women, TANF or other financial assistance, free or low cost health clinics, and First Steps,
- Assisting the family in obtaining and utilizing medical services including completing applications, transporting, and accompanying to appointments, as requested, and
- Discussion of status of medical care and issues with supervisor in supervision

In addition, the FSW is responsible for routinely discussing safety, wellness, and medical issues with families (at least quarterly for COF and at least annually for the family). **NO MEDICAL ADVICE IS GIVEN**. Referrals are made to appropriate resources. All activities are documented in home visit reports, secondaries, and referrals.

Supervisors are responsible for overseeing use of regular medical providers for families on their staff's caseloads and the agency manager is responsible for monitoring medical linkage for all families served at their agency.

Medical Homes
A medical home is defined as any medical provider who provides both well and sick care and who maintains medical records for the patient. This can be a clinic, practitioner, pediatrician, etc. Healthy Families of Allen County acknowledges diversity and accepts cultural variation.
The FSW will:

- Encourage families on their caseload to maintain a medical home for the entire family. Information and referrals will be given to families without a medical home.
- Monitor and document the medical home for the COF based on verbal reports given by the MOB or FOB
- Obtain a release from the family to contact doctors or other medical providers if there is a significant medical concern that requires Healthy Families' assistance collaboration, and/or intervention or the FSW is attempting to obtain proof of immunizations
- Document all appropriate information and updates in FAMILYWISE
- **The FSW will not give medical advice.**

Supervisors are responsible for monitoring overall caseload compliance. The program

administrator monitors Healthy Families of Allen County compliance and reported monthly.

Immunizations and Well Baby Visits
Staff assist families in getting timely immunizations and well baby visits using the following procedures:

- FSWs routinely promote immunizations and well baby visits with all families
- FSWs may use the brochure “What Should Parents Ask About Baby Shots?”
- The FSW will routinely inquire as to the status of COF’s immunizations and well baby visits
- FSWs may have families sign a release in an effort to receive information about COF’s immunization and well baby visit history from medical providers
- Families may receive an A Baby’s Closet coupon when vaccinations are received for their children
- FSWs will make referrals and provide transportation as needed
- FSWs will enter vaccination and well baby visit compliance into FAMILYWISE according to predefined schedules listed in policy
- If the family follows a schedule other than the one provided in the brochure, the FSW will document this in the home visit report and discuss with their supervisor who will document this on the Client Supervision Log
- If immunizations are not timely due to the child being premature or ill or lack of availability of serum, the FSW and supervisor will document the reason for the delay into FAMILYWISE and continue to advocate for ensuring the child receives the vaccinations as appropriate
- If the family refuses vaccinations, the reasons are documented in FAMILYWISE as well

Supervisors will monitor timely immunizations during supervision and on the tickler system in the tickler book. The program administrator will monitor agency compliance through FAMILYWISE reports.

Linkage to Health Related Services
Staff will assist the family in obtaining health related services by:

- Providing education on available services and options. **Absolutely no medical advice is given.**
- Providing referrals. When medical information is requested at least two sources are given.
- Assisting the family in completing applications.
- Transporting the family.
- Advocating for the family to facilitate acquiring services.
- Assisting the family in utilizing the services.
- Documenting activities and interventions in the home visit report, and discuss in supervision (supervisor will document on the Client Supervision Log).

Linkage may include but is not limited to the following services:

- Hoosier Healthwise: Any family who does not have medical insurance for their children or a pregnant member is referred to Hoosier Healthwise. SCAN is an intake site.
- Super Shots: Any family who does not have medical insurance or their child’s physician does not provide shots is referred to Super Shots for immunizations
- WIC: All families are referred to WIC for an intake assessment. Staff are expected to monitor WIC eligibility and utilization. WIC is listed under agencies serving the family in the Household Member record of FAMILYWISE.

- Lead Screening: The agency maintains the Board of Health list of indicators of lead poisoning and the map of zip codes where targeted homes are located
- Family Planning: All families are asked about their family spacing plan; no one method of birth control is promoted; family choice is respected; parental or guardian permission is needed to discuss family planning with teens
- Prenatal/Postnatal Care: The FSW will monitor pre and postnatal care including the administration of the Edinburgh Pre/Postnatal Depression Scale.
- Substance Abuse: Families should be referred to counseling, medical and DAC supportive services.

Home Safety

Staff are expected to monitor the safety of all homes as related to the developmental stages of the children and based on community standards.

The FAW will provide information on effective use of car seats, SIDS prevention, shaken baby, post partum depression, fire prevention, and water safety at assessment.

The FSW will do the following:

- Complete the Home Safety Checklist at 4, 9, 18 and 30 months. If the FSW chooses, they may complete additional tests whenever the living arrangements change, at a family's request, or other locations the child/ren are routinely at such as a family members home or child care.
- Address any concerns with the family and provide referrals to agencies for assistance
- Educate the family on safety concerns and issues using Healthy Families approved curricula; and Healthy Families of Allen County funds may be accessed to provide safety devices if necessary (with Program Administrator approval).

Transportation Safety

When providing transportation, the FSW will:

- Use seat belts and appropriate child restraints
- Provide a smoke free environment for children during transportation
- Educate the family in the proper use of both

In addition, all staff are trained in proper car seat installation prior to transporting clients.

Home Safety Training and Resources

Staff will complete Home Safety Training prior to independent administering of the Home Safety Checklist. The training may be done in Foundations or through independent study with supervisory support.

Home safety materials may be available for distribution to families. These include outlet covers, cabinet locks, smoke detectors, water temperature devices, etc. Home visitors will fill out a request for materials form to access needed home safety supplies identified by the Home Safety Checklist. The material request form will contain the following information: Staff name, family identification number (or other confidential method to identify the family receiving the material) and the item/items used.

Shaken Baby (Abusive Head Trauma)

The FAW will provide information on effective use of car seats, SIDS prevention, shaken baby,

post partum depression, fire prevention, and water safety at assessment.

All FSWs will perform a Shaken Baby presentation with each family within the first 45 days of admission into the program. This presentation will consist of a DVD titled, “The Period of Purple Crying” and the 3 minute accompanying speech. The FSW can supplement with information on anger management, how to calm a crying baby, use of the doll simulators, and/or with the SCAN shaken baby presentation using the cue cards and Jell-o.

When staff perform the presentation for a family, it is documented in the home visit report narrative and the SCAN Shaken Baby drop down under Other Materials.

Sudden Infant Death Syndrome (SIDS)
The FAW will provide information on effective use of car seats, SIDS prevention, shaken baby, post partum depression, fire prevention, and water safety at assessment.

Healthy Families staff will discuss Safe Sleep & SIDS prevention in the first home visiting, utilizing information on back to sleep, bed sharing, appropriate bedding, home environment, and providing a smoke free environment.

When staff do the presentation for a family, it is documented in the home visit report narrative and the SCAN SIDS drop down under Other Materials.

Abuse and Neglect
The FAW will provide information on effective use of car seats, SIDS prevention, shaken baby, post partum depression, fire prevention, blunt force trauma and water safety at assessment.

During the first visit FSWs present Healthy Families as a program that promotes nonviolent (or alternative) methods of discipline. The FSW will make sure parents understand that activities with children will be a focus of each home visit. The FSW will also explain that they will be providing information about ways to interact with children that encourage self-reliance and self-control without using physical punishment.

Indiana state law requires all residents in the state to report any child maltreatment they witness. Therefore the FSW and parents are equally responsible for reporting child maltreatment whenever they see it. The FSW will encourage parents to use HF as a resource when concerned about child maltreatment. The FSW will also point out that he/she will let parents know if there are any concerns about the parents’ treatment of their children.

FSWs are prepared to discuss the following topics whenever the opportunity arises in response to issues with which the parent is dealing:

- Ways parents can reduce their own stress to lower tension in the house and make child maltreatment less likely.
- Providing a healthy and clean home environment.
- Ensuring the children receive the appropriate care.
- A wide variety of discipline or parent-child interaction strategies that will help the parent deal with child behavior issues.
- Mandated reporting requirements for child maltreatment, as well as the reporting process, when necessary.

Interpersonal Violence

- The IPV questions asked are provided by HFI.
- The FAW/FSW can ask the IPV questions either verbally or in writing.
- Positive IPV screens will be offered safety plan and referrals when appropriate.
- The assigned FSW will be notified of positive IPV screens completed at assessment.
- When possible, the FSW will complete the IPV screen if the FAW was unable to complete at assessment.
- If completed at assessment, FAWs will document results of IPV screen in assessment memo in the potential for violence section of the KEMPE.
- FAW/FSWs will document IPV screen results and enter referrals in FamilyWise.

5.12 MENTAL HEALTH SERVICES

5.12 POLICY

Families are encouraged to seek help to cope with depression and other mental illnesses. Home visitors may seek assistance from AFS specialists in evaluation and making appropriate referrals for families. When making referrals for outside assessments and counselors, staff should give at least two sources. Releases are expected to be secured before sharing collaborative information. All staff is trained to work with high needs families in suicide prevention and crisis interventions. Only AFS specialists are permitted to provide advanced support, all other staff provides referrals, transportation and support.

5.12 PROCEDURE

Healthy Families staff does not diagnose. If staff has concerns about the mental health status of family members they may ask for an AFSS evaluation to be conducted or refer the family to community agencies who provide evaluations.

All families who receive medical, including mental health, or legal referrals are given at least two options. More referral options may be provided depending on client needs and community resources available. When advocating for families releases are required. All referrals are documented in FAMILYWISE.

5.13 ADVANCED FAMILY SUPPORT SERVICES (AFSS)

5.13 POLICY

NOTE: Advanced Family Support Services (AFSS) are an “add-on” to Healthy Families. These services are only available when funding is available. There is a priority plan for gradual reduction of services if downsizing occurs. AFSS include: evaluation, AFSS case review, AFSS case staffing, limited home-based advanced family support.

All AFSS are coordinated by the Healthy Families of Allen County Program Administrator or designee. Supervision for AFSS staff is provided by the Healthy Families of Allen County Program Administrator or designee.

Advanced Family Support (AFS) staff must have a Masters degree in social work, psychology, family therapy or counseling. A licensed staff is preferred. Interns will be supervised by a Master's level staff and can complete the same duties and responsibilities as an AFS specialist.

AFSS services are voluntary and families may refuse at any time.

AFSS Evaluations
Evaluations are completed by AFS specialist. Evaluations are approved by the Healthy Families of Allen County Program Administrator or designee.
Evaluations may be initiated by:

1. Families who score 65+ prenatal or 70+ postnatal on the initial Kempe assessment may be automatically assigned an AFS specialist, based on review during case staffing.
2. Families may be referred for evaluation by home visitors, supervisors, Advanced Family Support, or Healthy Families of Allen County Program Administrator. Each request is assessed and followed up on by an AFS specialist.

Evaluations are based on at least one interview with the family, and may include discussion with the FSW, supervisor and/or review of the file. The family's current situation is summarized with strengths and concerns identified. The AFS specialist makes recommendations for service delivery.

Families may refuse any recommendation. Staff will attempt to implement recommendations and provide supervisor or designee with documentation of implementation. Documentation of interventions is maintained by the FSW's supervisor. The AFS is available for consultation with the FSW, supervisor and the family.

Limited Home-Base Intensive Services with Advanced Family Support Supervisor
Following an AFS evaluation, the Healthy Families of Allen County Program Administrator or designee may approve short-term home based support for families. The support is provided by licensed Advanced Family Support staff. This is only offered to families with serious mental or physical concerns which prevent them from accessing traditional support. This support will include linkages to other counseling resources.

5.13 PROCEDURE

Types of Assessments

- Admission Kempe
- Assessment Manager Recommendation
- Staff Request

Prior to assessment assignment to AFS specialist, the FSW, supervisor, assessment manager, Healthy Families of Allen County Administrator or designee will offer AFSS services to the family. AFSS services are voluntary and may be refused by the family at any time.

Admission Kempe
The assessment supervisor notifies the Healthy Families administrative assistant that a 65+ prenatal or 70+ postnatal referral has been admitted. The administrative assistant will provide the Healthy Families of Allen County program administrator or designee a copy of the assessment.

When an AFS specialist receives a copy of the Kempe assessment for an evaluation, they may contact the assigned FSW or supervisor to get information as needed after the initial home visit has occurred. The AFS will make attempts to make contact with the family for an evaluation. This information will be given to the Healthy Families of Allen County Program Administrator or designee to document. Once an AFS specialist has met with the family, issues of imminent harm or urgency are reported to the Healthy Families of Allen County Program Administrator and/or designee immediately. Upon completion of the evaluation, the evaluation is sent to the Healthy Families of Allen County Program Administrator or designee for review. Once the evaluation is approved it will be passed onto the appropriate FSW and supervisor. The Healthy Families of Allen County Program Administrator or designee keeps copies of the evaluations.

Evaluation Requests

FSWs, supervisors, AFS staff, and/or the program administrator may request an evaluation of any Healthy Families participant. Requests are to be discussed with the supervisor and approved by the FSW's supervisor prior to submission to the Healthy Families of Allen County Program Administrator or designee. These evaluations are assigned to the AFS specialist by the Healthy Families of Allen County Program Administrator or designee and do not require coordination with the FSW but coordination is encouraged. Once an AFS has met with the family, issues of imminent harm or urgency are reported to the Healthy Families of Allen County Program Administrator and/or designee immediately. Upon completion of the evaluation, the evaluation is sent to the Healthy Families of Allen County Program Administrator or designee for review. Once the evaluation is approved it will be passed onto the appropriate FSW and supervisor. The Healthy Families of Allen County Program Administrator or designee keeps copies of the evaluations.

AFSS Supervision Protocols

Staff receives one on one case review (supervision) with approved AFS specialists as needed. All cases that have an open evaluation are to be reviewed monthly with a supervisor and AFS may be consulted. AFSS supervision may replace a Healthy Families monthly supervision.

AFSS supervision notes are kept on the approved supervision form. AFSS complete a staff development form. Healthy Family supervisors are expected to read AFSS notes in order to assist with continuity of services to the family.

AFSS Case Staffing

AFSS are available to all Healthy Families staff to conduct review of "troublesome" cases. Staff should consult with their supervisor and the supervisor will contact the Healthy Families administrator or designee to schedule a case review with the FSW and supervisor. This is brainstorming therefore individual case notes may not documented or may be documented on the appropriate supervison form.

AFSS Additional Services

Occasionally, families are in need of more specialized services but are unable or unwilling to access community resources. An AFS may be assigned to work with the parent on a short-term basis. This must be approved by the Healthy Families of Allen County Program Administrator or designee. This service can be requested either after an evaluation, discussion during supervision or from an observed home visit by an AFS that caused concerns. There is limited availability and AFS intensive services always focuses on helping parents access community based counseling.

5.14 INCIDENT REPORTS (UNUSUAL OCCURRENCE/CPS/POLICE)

5.14 POLICY

Any activity which affects the health or safety of a worker or family or is a possible news headline is documented on an Incident Report form.

Examples of issues reported on Incident Report forms:

- Exposure of hazards – chemical, unsafe house, animals, gangs, diseases, violence, pests (OSHA) forms must also be completed as necessary).
- Disputes that the worker is involved in or aware of – reported or witnessed domestic violence, arguments between parents and children, arguments with friends/neighbors.
- Illegal activity reported by parents.
- Disruptive or unusual behavior by parents
- Anything that could result in the press being involved.
- Anything deemed necessary to report by the supervisor or manager.
- At assessment, parents who report any form of current depression or suicidal ideation within the last year.
- Any time staff become aware of police involvement or have to contact the police regarding a participating family.
- Any time staff become aware of CPS involvement in a participating family or report a family to CPS.

Incident Reports are completed WITHIN 24 HOURS and are signed by the FSW/FAW and supervisor and reviewed by Healthy Families program administrator.

At least twice per year the forms are reviewed by the Healthy Families administrator to determine if follow through occurred and safety issues are being addressed appropriately.

5.14 PROCEDURE

Incident Report - Unusual Occurrence
An Incident Report (unusual occurrence) is to be used when a situation occurs that affects the health or safety of a staff member or family participating in the Healthy Families program.

The supervisor of the staff person is to be notified within 24 business hours of the activity. Depending on the severity of the situation, the FSW is to contact their supervisor or available supervisory staff immediately – on or near the location of the occurrence.

All Unusual Occurrence forms are to be signed and dated by the supervisor and staff person making the report. The program administrator will review, initial and date the report and enter into FAMILYWISE.

It is the responsibility of the supervisor to ensure follow-up has been completed for each unusual occurrence report. Quarterly, the administrator will review unusual occurrence reports and submit the findings to the Operation Committee.

5.15 GRIEVANCE POLICY

5.15 POLICY

Families are notified of their right to file a complaint about services by informing a supervisor or program administrator in the Participant Rights and on the first home visit. The program administrator also notifies participants of this right in the newsletter and in the letter which accompanies the client satisfaction survey. Any complaint, not resolved by a supervisor, which involves an FSW or FAW requires notification to the HR department. The program administrator maintains the Complaint Response system.

Any complaint received is documented on a Complaint Response form. Supervisors are expected to respond promptly to client complaints. All responses are discussed with the program administrator.

5.15 PROCEDURE

Healthy Families Allen County is required to maintain client grievance procedures. Healthy Families maintains the “Complaint Response” system.

Any complaint received by a supervisor or administrator is documented on a Complaint Response form. A prompt response is expected to client complaints. All documentation is reviewed by the Healthy Families program administrator.

5.16 REPORTING DEATHS

5.16 POLICY

Any death of a participant, their family (household) member, parent of target child or the target child (if prenatal, report only third trimester demise) must be reported immediately to a supervisor, the program administrator, and the executive director.

The Healthy Families of Allen County program administrator notifies the executive director and the DCS state coordinator within 24 hours.

If staff are present at the time of death, the appropriate authorities are notified, the worker and other family members are moved to safety, and the agency is notified immediately. Staff are required to cooperate with authorities.

Staff complete a Healthy Families Participant/Family Member Death report and submit the report to the Healthy Families administrator within 24 hours. The agency will conduct an internal review of the client’s file.

All staff and family members that are affected are offered grief counseling. This is documented on the death report.

5.16 PROCEDURE

Any death of a participant, their family (household) member, parent of target child or the target child must be reported to the supervisor immediately. The death must be reported to the agency manager WITHIN 24 HOURS of becoming aware of the death and a Healthy Families Participant/Family Member Death Report completed. This would include the death of a fetus due to accident, miscarriage, or abortion. The manager notifies the administrator WITHIN 24 HOURS. The Healthy Families administrator notifies the executive director within 24 hours.

The staff person who becomes aware of the death should tactfully attempt to ascertain details of the death. If the death is the participant or COF, the staff person should attempt to secure documentation of the cause of death (for example, funeral home).

If staff are present at the time of death, the appropriate authorities are notified, the worker and children moved to safety, and the agency is notified. Staff are required to cooperate with authorities.

The family and all staff that are impacted by the death are offered grief counseling. Continued participation in Healthy Families is determined by the family (if death is COF, services will continue for 3 months). The agency will conduct an internal review of the client's file.

5.17 HOME VISITOR SAFETY

5.17 POLICY

The safety of home visitors and families being served is a primary concern of the program. The following safety guidelines are minimum expectations:

- All new staff receive basic safety training as part of orientation.
- Existing staff periodically receive update training to keep safety as a priority.
- All staff are CPI trained.
- Visits routinely occur between 8:00 a.m. and 8:00 p.m.
    - Visits beginning before 8:00 a.m. and ending after 8:00 p.m. must be approved by a manager. Certain areas may not be visited in the dark.
    - Schedules are maintained so supervisors can provide necessary assistance.
    - All staff have the right to ask for assistance if they feel unsafe.
    - All staff carry cell phones.
    - All safety concerns are discussed with supervisors.
    - Nighttime, weekend, or holiday crisis calls are responded to by phone only, unless permission to visit is granted by the manager or designee.
    - Crisis numbers (First Call for Help and Park Center) are given to all families to use as alternatives to their FSW.
    - Suicide or hostile threats are taken very seriously. No Harm protocols are to be followed for each.
    - Guns kill. If guns are in use during a visit FSWs are instructed to leave. The program manager will determine the appropriate follow through.
    - FSWs are never to intervene during fights – leave. FSWs are instructed to leave the house and call the police.
    - FSWs must never withhold information from a supervisor.

- Periodically the “Home Visiting Safety” packet is to be reviewed to help keep skills up to date.
- Visit expectations may need to be adjusted for client communicable diseases which may harm staff, their families, or other families on their caseload.
- Visits may be placed on hold for reasons which cause staff to be unsafe. This must have program administrator approval and be reviewed regularly to determine if visits can resume. If appropriate, reports are also made to proper authorities.

Remember:

- Staff safety is the primary concern.
- The safety of the children served is secondary.
- The obligation to serve is last.

5.17 PROCEDURE

See Home Visitor Safety Packet

5.18 RETENTION ANALYSIS AND REVIEW

5.18 POLICY

Annually, the Healthy Families Program administrator collects and analyzes demographic, social, and programmatic data regarding participant retention. The review is reported to the SCAN Operations committee. Information from the review is incorporated into the annual report and funding reports. A plan of correction is formulated when issues arise or patterns are discovered.

Retention is defined and measured by asking “Of those families who should have been in the program (six months, 12 months, 18 months, 24 months, and 36 months) how many are still in the program?” Target child’s date of birth is used as determinant not admission date.

Calculation of Retention is determined by families active in program divided by families who were enrolled in program (based on the date of birth of the baby = interval retention).

5.18 PROCEDURE

Analysis of engagement and retention is completed annually. Reporting period is determined by the Healthy Families administrator.

Demographic analysis includes ethnicity, primary language, marital status, poverty level, involvement of the father of the baby, number of children at assessment, education level and employment status and the zip code.

Retention is measured in intervals determined by the date of the first home visit.

For the interval retention analysis, 6 month, 12 month, 18 month, 24 month, and 36 month, periods are examined. The admissions for a three year period (period to be determined by the Healthy Families administrator), are compared by intervals for families still receiving services.

Included with the retention analysis, is the analysis of terminations. The terminations for the period of measurement (which is usually annually) are grouped by reason or classification, then each reason is analyzed for number of terminations, average months in service, average number of home visits and average visits per month. Termination reasons or classifications are graphed by number of occurrence and the number of terminations, by month, are graphed. A demographic analysis of terminations is completed.

Retention analysis may incorporate feedback from management, supervisors or FSWs. Information obtained from client surveys may be included as well.

SECTION VI

CULTURAL COMPETENCE

6.01 EXPECTATIONS

6.01 POLICY

Healthy Families Allen County makes every effort to provide services in a culturally competent manner, as defined by, "the capacity to relate with persons from diverse cultures in a sensitive, respectful, and productive way." Developing cultural competence and sensitivity is an on-going and ever changing process. The program administrator and supervisors will promote cultural competence by ensuring that the hiring practices, training, service delivery, and materials used in the program are sensitive to the needs of the diverse target population. Support and training are provided to ensure staff promote Healthy Families of Allen County philosophies and standards of treatment.

Some basic Healthy Families Allen County philosophies are:

- All people have value.
- "Families" are defined by the people we serve.
- All families have value to a child.
- It is okay to ask people about their traditions and rituals and ask what is important to them. It is easier to respect and honor what is known.
- Communication is more effective and sensitive when the participant is included in the decision about how they best give and receive information.
- All forms, letters, etc. are provided in the primary language of the recipient.
- Families are asked open ended questions and are permitted to refuse to respond.
- All service components are voluntary.
- Support plans and services are only provided with the participants input.
- Families are given written "welcomes" which explain what they can expect from the program.
- Materials (pictures) represent the groups being served.
- Services are respectful of families differences related to parenting such as discipline, communication, parent/child interactions, family roles and structure.
- Because Healthy Families of Allen County is a child abuse prevention program, it is necessary for staff to address issues related to physical punishment. Discussions related to this are to be supportive and educational in nature.
- Staff are encouraged to explore their own feelings and discuss them in supervision. Supervisors monitor staff-family interactions through weekly supervision and shadow visits. Support and education are offered.
- Staff interpreters, materials and services will be designed for any population that is five percent of the target population. When there are less people in any group Healthy Families of Allen County will attempt to serve or link to appropriate services.
- Every effort is made to match ethnic, cultural, linguistic, and special needs of families to appropriate workers.

6.01 PROCEDURE

Annually, Healthy Families surveys all families and staff to identify areas in need for additional training on cultural diversity and competency.

The program administrator and supervisors are responsible for monitoring concerns and

questions pertaining to cultural issues and are responsible to provide additional education and training in areas of concern.

6.02 STAFF TRAINING

6.02 POLICY

Cultural competency training is based on basic principles:

- Culture is more than age, race, and gender. All areas of cultural competence are open to training.
- Everyone has his or her own cultural biases. Everyone is expected to be willing to recognize their own biases and move through their current stage into heightened cultural awareness.
- Healthy Families of Allen County seeks experiential learning from many cultures.
- Staff understand the difference between equal and equitable and attempt to move toward equitability.
- Staff understand the role of power and privilege and are aware of their position in relating to participants in an equitable manner.
- Staff may be uncomfortable in both service and training situations. Everyone has the right to openly share their concerns with their supervisor or program administrator without fear of reprisal.
- Staff will be offered training in groups and individually to enhance their cultural awareness.
- All Healthy Families of Allen County training incorporates cultural sensitivity into the lesson. All new staff receive components of cultural sensitivity training during Orientation, Foundations I and II and CORE.

Annually, staff who have been employed one year or more, are required to receive training in the area of cultural competence. The trainings offered will be determined from the results of the annual training survey, staff request, and supervisor input.

6.02 PROCEDURE

Annually, staff and families are surveyed for input related to cultural sensitivity and training needs. Healthy Families of Allen County training is developed with these results in mind. At a minimum, once per year training is offered on one or more topics chosen by staff.

Staff attend workshops and conferences as deemed appropriate. Individual training and support are offered for staff who are struggling with any area of cultural sensitivity.

6.03 FAMILY INPUT

6.03 POLICY

At admission all families receive a welcome letter, which describes what they can expect from services and encourages them to give input into services.
Healthy Families of Allen County supervisors and the program administrator all have “open door” policies, encouraging families to visit or call.

Supervisors and the program administrator conduct routine quality assurance calls and home visit observations, which include discussions or observations of communication and treatment. Annually, families are surveyed for program satisfaction. There are questions related to cultural "respect" included in the languages spoken. These include questions related to culturally sensitive practice, materials, communications, staff-family participant interaction.

Families are invited (and encouraged) to give feedback to the SCAN Operations Committee and at least annually, families receive a letter from the supervisors encouraging them to contact supervisors with any concerns and make suggestions for services.

Quarterly, newsletters are given to families. Contact names and numbers are included in each.

6.03 PROCEDURE

Admission Letter
Following assignment, the Healthy Families administrative assistant sends a welcome letter to all families in their primary language (as identified on their assessment).

Refusal QA
The assessment supervisor will attempt contact by phone or survey to determine patterns among families who refuse the program. Results of the information are incorporated into the annual service review.

Open Door Practice
All letters sent to families and periodic newsletters encourage them to contact a supervisor or the program administrator at any time.

Quality Assurance
Supervisors have home visiting expectations (see QA plan). Home visit observations include monitoring of issues related to cultural sensitivity and documentation. Issues or concerns are addressed through individual plans of correction.

Satisfaction Surveys
In the late spring or early summer all families receive a satisfaction survey. Surveys are coded by worker so issues can be tracked. The Healthy Families administrative assistant is responsible for distributing, collecting, and summarizing results. The Healthy Families assessment supervisor and program administrator review results and plans of action are created. Results and plans of correction are included in the annual service review and are reported to the SCAN Operations Committee.

Contact with Families
At least annually, the Healthy Families Allen County supervisor sends a letter to families requesting their feedback about services.

6.04 MATERIALS

6.04 POLICY

Healthy Families of Allen County has an expansive library, which includes curricula, curricula supplies, DVD/video and audio tapes, books, magazines, brochures, and handouts.

In order to assure that all materials are culturally sensitive and are reflective of the diversity of Healthy Families Allen County. The program administrator and/or supervisors review all materials prior to use with families. The materials are reviewed for sensitivity related to reading level, language, racial makeup, activities respectful of limited skills or money, religious differences, gender differences, pictures that do not perpetuate negative stereotypes, and whether materials are appropriate for specified populations or general use.

All staff are encouraged to find materials which are individualized to families if not in the library. All materials must be approved by a supervisor or program administrator to assure cultural sensitivity based on the criteria mentioned above.

6.04 PROCEDURE

All materials which are shared with families are required to be reviewed by the supervisors and all materials must be approved by the Healthy Families administrator. Materials are updated and replaced as needed.

6.05 CULTURAL COMPETENCE REVIEW

6.05 POLICY

Annually, Healthy Families of Allen County conducts an analysis of services as related to cultural competence.

The analysis includes:

- a review and update of the cultural (racial/ethnic/linguistic) demographics of the service population
- analysis of staff demographic makeup
- analysis of satisfaction surveys with families
- analysis of staff surveys, which includes input of assessment, home visitor and supervisors, as well as, materials and training
- review of training surveys and compliance with staff requests

The results of the cultural competence review are presented to the Operations Committee and are included in the annual service review.

6.05 PROCEDURE

The Healthy Families of Allen County administrative assistant compiles the satisfaction, cultural competence, staff input, and training surveys. Results are compiled into reports and plans for correction are created with this input.

Data collected on families includes: age of MOB (primary caregiver), ethnicity of MOB and COF, partner/FOB involvement, living arrangements of parents, language, working status, number of children, zip code area, and functioning level of MOB (development delay or mental illness).

The analysis is reviewed by the Operations Committee. Strategies, for growth, are identified, discussed, and if needed, implemented. These strategies are reviewed periodically. Progress on the plan is reported to the executive director of SCAN, Inc.

Analysis of acceptance, retention and home visiting are done within those reviews and not in the cultural competency analysis.

6.06 USE OF TRANSLATORS

6.06 POLICY

Healthy Families Allen County is committed to providing services to every family who fits in the target population and wants service. It is the policy of Healthy Families Allen County to hire translators (as regular or contract employees) when a language barrier prevents the program from serving five percent of the target population. Anytime a family enters the target area and is referred for service, effort is made to secure a translator for the assessment process. If none are available, the referral source is notified.

Translators have very specific duties when assisting with services to families. No translator meets or communicates with families unless a FAW, FSW or supervisor is present. When possible, certified translators are used. Due to cultural differences the interpreter may alert Healthy Families staff to issues which will make services most appropriate.

Translators may be secured from churches, schools, other social service agencies or the Red Cross. All translators sign a confidentiality agreement. Translators who are employed by individual agencies must meet basic agency orientation training requirements. They are encouraged to participate in Foundations I and II and CORE training as their schedules allow.

6.06 PROCEDURE

Healthy Families of Allen County will use qualified staff when available to provide translation services. Staff are qualified to do translation when they have taken a standardized test given by SCAN, Inc. Non-Healthy Families translators are provided by the SCAN, Inc. and complete a confidentiality agreement. Non-Healthy Families translators should complete some Healthy Families program training to understand the program goals and objectives.

The assessment supervisor is responsible to contact the agency where translators are employed when a language barrier prohibits an assessment from occurring. The FAW and translator will arrange to conduct an assessment visit. All non-English speaking families are given a letter, in their own language, giving the name of the appropriate translator to contact if they need service before being assigned to the program.

The use of a translator is documented in the home visit reports. Any issues which arise with translators are to be reported to the program administrator.

Any document that is sent to more than one family and needs translated is given to the available Spanish SCAN translator. When no Spanish translator is available or another language is necessary for translation, documents are sent out as necessary to according qualified translators.

SECTION VII

CASELOAD MANAGEMENT

7.01 WAITING LIST

7.01 POLICY

Priority for assignment to home-based services is given to families with higher scoring Kempe assessments and teens. If there is no availability for assignment, a family who is eligible for services (scores 40 or above) may be placed on a waiting list. Families can remain on the waiting list until the child of focus reaches three months of age. At this point, if no services are available the family is notified that they will not receive services. Families who are waiting are given resources as needed and contacts are attempted at least bi-weekly by FAWs. Every effort is made to assign families to a home visitor within the first month. The assessment supervisor notifies the program administrator of the list and scores. The list is reviewed and prioritized weekly.

7.01 PROCEDURE

The FAW supervisor monitors assessments and participant acceptance. Depending upon current openings, the FAW supervisor determines if a waiting list is needed. Participants (scoring 40 or above and teens) who accept services will not be denied home-based service and are considered priority. These participants may be placed on a waiting list if there are no caseload openings.

The client number, assessment date, date consent for services was signed, and the FAW's name will be recorded on an acceptance log. The FAW supervisor will use this log as a waiting list to refer families to home-based services at the next available opening.

While on a waiting list, the FAW will provide the family with community resources and contact the family, at least, bi-weekly and document all such contacts. The FAW supervisor will make every attempt to have the participant assigned within the first month on the waiting list.

7.02 RE-ADMISSION

7.02 POLICY

Healthy Families of Allen County allows families who have been served previously to be re-admitted if the family has been closed less than three months and the child of focus is under three years of age.

The program administrator has the ability to determine if a family is re-admitted. Families who are denied re-admission are sent a letter. Reasons for refusal to re-admit can include:

- Violence in the home
- Less than three months of service to be provided before the child of focus turns three
- Children are removed from the home
- No staff person available to meet the needs of the family

7.02 PROCEDURE

Families may request re-admission if the family has been closed less than three months, at least three months of service can be offered before the child of focus turns three and the family

requests re-admittance.

If the family contacts the agency, the program administrator is responsible for seeing the following procedures are completed:

- The family terminated within the last 3 months
- Review the case for any pertinent issues such as violence, COF is in the home, availability of staff able to meet family's needs, and safety issues for staff
- The program administrator determines if the family can be re-admitted
- If approved, the program administrator will assign the family to an FSW who will contact the family and re-initiate services (If denied, the program administrator will send a letter to the family).
- Once the family meets, the family is re-activated in the database. Demographic page, select Add/Edit under Current Family Level; edit the last entry (the termination entry) by moving the family to X2 as of the re-admit date. This will remove the termination level, as well as, the reason. DO NOT CHANGE THE ADMISSION DATE to reflect the re-admission date.
- If the family has been assigned a new FSW, this will be entered in FAMILYWISE as of the re-admission date.

When the family has met the required number of times for the level they were on prior to termination (i.e., two times on Level II) then the family may be moved to that level. If the family does not re-engage, they will remain on X2 or be returned to X2 and appropriate outreach activities initiated.

7.03 OUT OF COUNTY TRANSFERS

7.03 POLICY

Healthy Families of Allen County is committed to serving families. Out-of-county transfers are accepted when the program has openings. When the agency receives the transfer it must first receive a consent form signed by the family from the other county. The other program sends copies of the file (per HFI policy). Out-of-county transfers are not accepted if there is an existing waiting list that will last more than one week. If unable to accept the family, the assessment supervisor provides the other program a list of community resources.

7.03 PROCEDURE

If a transfer from out of county occurs, Healthy Families of Allen County will be contacted by the sending site to discuss the possible transfer. During the conversation with the out of county site, confirmation is made of which site will bill the client for the month of transfer. After the decision has been made to accept the client, Healthy Families (Allen) will contact the RDQA (carbon copied to the sending site) with the transferring site's name, family number and MOB's name at that site, as well as the contact information at the agency. The RDQA will transfer the family and send notification of the new family number to Healthy Families (Allen). The information transferred will include the Chart Review Data, Screen Data, Partner Data, Target Child Data, Family Assessment Data, Household Data, Household Members, Significant Others, Intake Agencies, Family IFSP (data only), EPDS, HFPI and/or LSP, HOME Scale, Substance Abuse, Health Log, and Developmental Scale. After receiving the new family number from

FAMILYWISE, Healthy Families (Allen) will access the information and enter the current address, education, employment status and appropriate level (IA). The agency will then enter the assigned FSW's name. The agency should receive hard copies of the current IFSP, signed consents (assessment and confidentiality forms), Income Declaration, appropriate Release of Information forms, current Denver/ASQ-3/ASQ-SE, Assessment Narrative, as well as the first home visit and the last six home visits from the transferring site. No additional data from previous site is to be entered into FAMILYWISE. The family is placed on the level last achieved at the previous site

If Healthy Families of Allen County transfers a client to another county, the supervisor will contact the receiving HFI site to notify them of the possible transfer. During this conversation it will be confirmed which site will bill the client for the month of the transfer. If the other program accepts the family they will send notification to their RDQA (carbon copied to Healthy Families of Allen County) who will transfer the client's information. Healthy Families (Allen) is responsible for making copies of the current IFSP, signed consents (assessment and confidentiality forms), Income Declaration, appropriate Release of Information forms, current Denver/ASQ-3/ASQ-SE, Assessment Narrative, as well as the first home visit and last six home visits and sending them to the receiving HFI site. Healthy Families of Allen County will terminate the family (in FAMILYWISE and file) once they send the documentation to the receiving site.

7.04 CASELOAD SIZES

7.04 POLICY

FSWs are limited to no more than 30 points (at various levels) and 30 cases. They are limited to no more than 15 families at the most intensive level of service. Caseloads may exceed limits but only on a temporary basis and for no more than 3 months. Caseload weighting is determined by the amount of time families have been in the program along with the needs of the families. Weights are determined by levels.

Currently, Healthy Families has a waiver to exceed 25 cases on a caseload, providing 30 points is not exceeded.

7.04 PROCEDURE

The program administrator and supervisors are to monitor caseloads to ensure that Family Support Workers have no more than 30 points. Caseloads are reviewed prior to new case assignment. Caseloads may be a combination of various levels; however, no more than 15 families on Level IA can be assigned to one caseload or 30 cases at varying levels.

Points for levels are assigned as follows:

Level SS or ST	3 points
Level IA	2 points
Level II, IC, P1, or PST	1 point
Level III or X1 or X2	.5 points
Level X3	.25 points

The program administrator determines the number of new clients accepted based on the points each staff person is assigned. The program manager may assign additional points for multiple birth families (.5 per additional child), staff with additional duties (such as interpretation, quality assurance responsibilities, community projects or education), or for employees based on the nature of the position (part-time or hourly) to ensure that there is an adequate amount of time to spend with each family to meet with unique and varying needs, plan for future activities, and to provide for agency needs.

7.05 CASE ASSIGNMENT

7.05 POLICY

Caseload sizes are based on the experience and current workload of each worker, while making every effort to meet projections. Supervisors may also serve families in order to cover vacations, leaves, staff shortages, and to avoid overloading caseloads.

Caseload sizes are monitored by each FSW, supervisor and by the program administrator. Monthly, the program administrator reviews caseload sizes, home visit rates and staffing patterns. If completion of home visits falls under 90% or other issues affecting service delivery occur, the supervisor will review the worker's caseload to determine if adjustments should be made.

In order to match skills and culture of workers with families, the program maintains a staff roster which includes listing of staff strengths, experience, or skills. Staff are listed according to linguistic skills, ethnicity, education and selected skills such as mental health, discipline/parenting, substance abuse, child abuse, CPS, working with fathers, relationships, domestic violence, education services, housing, employment, criminal justice system, MR/DD, special needs, child development, attachment/bonding, financial assistance, supply/resource needs, teens, or prenatal. This list is created and maintained by the Healthy Families administrative assistant.

No case may be assigned to a staff person who is on vacation during the 48 hours following the assignment. If a staff person cannot complete the initial contact within 48 hours due to illness or crisis, the supervisor must do so. If a staff person cannot conduct the initial home visit within seven days of assignment, the supervisor is responsible for ensuring that a visit is attempted.

7.05 PROCEDURE

Identifying Staff Strengths
Families are assigned to Family Support Workers based on staff's individual strengths, experience, skills and/or characteristics. Supervisors survey FSWs to determine linguistic skills, ethnicity, educational background, and skill base. Family Support Workers select from the following list of family issues where they feel they are skilled: mental health, discipline or parenting, substance abuse, history or current child abuse, CPS, father or partner involvement, relationships, domestic violence, education, housing, employment, criminal history, MR/DD or special needs, child development, attachment, bonding, financial assistance, supply or resource needs, teens, and/or prenatal. Skill base is determined from experience or training. The staff is listed on a spreadsheet by name, date of hire, ethnicity, linguistic capabilities, their strengths and any other identified skills.

Supervisors review caseloads during supervision sessions. Caseloads are managed in order to assure that families receive the amount of service they are due. Also, when visit numbers fall below 90% done, the supervisor analyzes caseload size as well as other issues, which might be interfering with home visits.

Case Review
The assessment for each family is read thoroughly before assignment. Needs of the family are identified and placed on the Families Needs sheet. The Families Needs sheet identifies issues as listed above: mental health, discipline or parenting, substance abuse, history or current child abuse, CPS involvement, father or partner involvement, relationships, domestic violence, education, housing, employment, criminal history, MR/DD or special needs, child development, attachment, bonding, financial assistance, supply or resource needs, teens and/or prenatal. Other areas of concern may be listed in the other category.

Case Matching and Assignment
The assigning supervisor will attempt to match the needs of the family to the staff person's self identified strengths most suited to serving the family. The following are also taken into consideration when assigning a case: caseload size, cultural characteristics or sensitivity, the nature and difficulty of the case, and the travel time required to serve the family. Other items to take into consideration include the extent of other resources available in the community to meet family needs, number of other families on the caseload which require intensive intervention, and other responsibilities or duties of the staff. Supervisors also account for staff ability, training, experience and availability when making determinations for assignment.

Notification
The supervisor making the initial assignment determination contacts the FSW and their supervisor as soon as possible. For those families defined as high risk (see 4.01), score on question 10 of the initial EPDS or have a clinical directive, the assigning supervisor must notify the FSW, their supervisor, the program administrator and clinical staff, of the concerns to ensure services are initiated as soon as possible. This notification is done by phone, voice mail or face to face. A copy of the entire assessment packet is given to the assigned FSW and the supervisor.

Documentation
The initial paperwork for each new case, including the Referral and Follow-Up record and Client ID sheet along with signed consents, will be given to the Healthy Families administrative assistant who in turn prints the Family Data and Family Assessment Data or other assessment information (Screen Data, Target Data, Household Data) from FAMILYWISE. After determination of staff assignment is made, the FSW is assigned in the database (reference the FAMILYWISE manual for procedures). The date of assignment and staff assigned are written on the Referral and Follow-Up records. Original paperwork and a copy of the Kempe memo is placed in the new client's file. Initial entry level is UE. The initial file is constructed for the family according to the file order checklist. Each new family has a tickler for paperwork, which is placed in the supervisor's tickler book for tracking purposes if paper copy or into appropriate electronic tracking system. The new client assignment is documented on other tracking forms as appropriate, for example, caseload management, QA tracking, and other ticklers or systems used by the agency (Read To Me evaluation or Shaken Baby).

The program administrator monitors overall caseload sizes and individual caseload sizes.

7.06 CASELOAD MANAGEMENT SYSTEM

7.06 POLICY

Caseload sizes are based on the experience and current workload of each worker, while making every effort to meet projections. Supervisors may serve families in order to cover vacations, leaves, staff shortages, and to avoid overloading caseloads.

Caseload sizes are monitored by each supervisor and by the program administrator. Monthly, the program administrator reviews caseload sizes and staffing patterns.

In order to match skills and culture of workers with families, the agency maintains a staff roster which includes listing of staff strengths, experience, or skills. Staff are listed according to linguistic skills, ethnicity, education and selected skills such as mental health, discipline/parenting, substance abuse, child abuse, CPS, working with fathers, relationships, domestic violence, education services, housing, employment, criminal justice system, MR/DD, special needs, child development, attachment/bonding, financial assistance, supply/resource needs, teens, or prenatal. This list is created and maintained by the Healthy Families administrative assistant. The program administrator monitors overall caseload sizes and staff productivity.

7.06 PROCEDURE

Identifying Staff Strengths
Families are assigned to FSWs based on individual strengths, experience, skills and/or characteristics. Supervisors survey FSWs to determine linguistic skills, ethnicity, educational background, and skill base. FSWs select from the following list of family issues where they feel they are skilled: mental health, discipline or parenting, substance abuse, history or current child abuse, CPS, father or partner involvement, relationships, domestic violence, education, housing, employment, criminal history, MR/DD or special needs, child development, attachment, bonding, financial assistance, supply or resource needs, teens, and/or prenatal. Skill base is determined from experience or training. The staff is listed on a master spreadsheet by name, date of hire, ethnicity, linguistic capabilities, strengths and any other identified skills.

Case Review
The assessment for each family is read thoroughly before assignment. Needs of the family are identified and placed on the Families Needs sheet. The Families Needs sheet identifies issues as listed above: mental health, discipline or parenting, substance abuse, history or current child abuse, CPS involvement, father or partner involvement, relationships, domestic violence, education, housing, employment, criminal history, MR/DD or special needs, child development, attachment, bonding, financial assistance, supply or resource needs, teens and/or prenatal. Other areas of concern may be listed in the other category.

Case Matching and Assignment
The assigning supervisor will attempt to match the needs of the family to a staff person’s self identified strengths most suited to serving the family. The following are also taken into consideration when assigning a case: caseload size, cultural characteristics or sensitivity, the nature and difficulty of the case, and the travel time required to serve the family. Other items to take into consideration include the extent of other resources available in the community to meet family needs, number of other families on the caseload which require intensive intervention, and

other responsibilities or duties of the staff. Supervisors also account for staff ability, training, experience and availability when making determinations for assignment. .

Notification

The supervisor making the initial assignment determination contacts the FSW and their supervisor as soon as possible. This notification is done by phone, voice mail or face to face. A copy of the entire assessment packet is given to the assigned FSW and the supervisor. The assessment must be read by the FSW before the FSW attempts a face to face contact with the family. The supervisor and FSW review the case together before or at the next supervision. (The Kempe Intervention is completed by the supervisor and FSW within next 3 months). The first contact with the family to engage and build trust is made within 48 hours of assignment. The first secondary activity for the family documents the initial contact with the family which may be made by phone (not attempts), in person or by mail.

Documentation

The initial paperwork for each new case, including the Referral and Follow-Up record and Client ID sheet along with signed consents, will be given to the Healthy Families administrative assistant who in turn prints the Family Data and Family Assessment Data or other assessment information (Screen Data, Target Data, Household Data) from FAMILYWISE. After determination of staff assignment is made, the FSW is assigned in the database (reference the FAMILYWISE manual for procedures). The date of assignment and staff assigned are written on the Referral and Follow-Up records. Original paperwork and a copy of the Kempe memo is placed in the new client's file. The initial service level is verified for correctness on the Referral and Follow-Up record and in the database. Initial entry level is UE, IA, or P1. The initial file is constructed for the family according to the file order checklist. Each new family has a tickler for paperwork, which is placed in the supervisor's tickler book for tracking purposes if paper copy or into appropriate electronic tracking system. The new client assignment is documented on other tracking forms as appropriate, for example, caseload management, QA tracking, and other ticklers or systems used by agencies (Read To Me evaluation or Shaken Baby).

The program administrator monitors overall caseload sizes and individual caseload sizes. If caseloads exceed criteria or drops too low, the program administrator and/or supervisors create a plan of action.

SECTION VIII

SUPERVISION

8.01 SUPERVISION OF DIRECT SERVICE STAFF

8.01 POLICY

Regular and on-going supervision provides staff with skill development, support and accountability, thereby providing quality services to families, reducing staff burnout and staff turnover. Supervisors must ensure that they have adequate time to spend with each staff person, therefore the frequency and duration of supervision should be monitored closely. Supervision sessions are scheduled weekly for a minimum of 1.5 hours of protected time for full-time staff, and one hour of protected time for part-time staff. For full-time staff that serve in more than one role, the amount of supervision geared toward each role should be apportioned to the work done. An on call supervisor should always be available to provide support and consultation when staff are in the field. When supervisors are on leave for periods over two weeks in length, a back-up supervisor is appointed or contingency plan developed to be sure individual weekly sessions are conducted. Documentation of frequency and duration of supervision sessions should also include the reasons for cancellations and/or rescheduling.

8.01 PROCEDURE

All direct service supervision must meet the following guidelines:

- Ratio of full time supervisors to direct service staff is 1:6 maximum and 1:5 minimum.
- The supervisor will provide reflective supervision including problem solving, crisis intervention, and continued skill development. Supervision should also include coaching and providing feedback on strength-based approaches and interventions. This supervision will also include exploration and impact of the work on the staff person.
- In addition to direct supervision, staff are offered support that includes:
  - Twice monthly team meetings
  - Employee assistance program
  - Scheduling flexibility
  - A nurturing work environment
  - Professional development opportunities
- Frequency and duration of supervision will be monitored with the use of a supervision log which will include:
  - The date, time and length of the supervision.
  - Whether a Staff Development form was completed.
  - Staff and supervisors initials to indicate the date and time are correct.
  - Signatures by staff and the supervisor to verify the dates and times of supervision are correct.
- Volunteers or interns, while performing the same or similar functions as direct service staff, will receive the same type and amount of supervision.
- Supervisions should not be split into more that 2 sessions.
- All staff are provided drop-in and on-call support.

- Supervision sessions include opportunities for staff skill development. Mechanisms included may be:
  - Coaching and providing feedback on strength-based approaches and interventions used
  - Reviewing IFSP process and progress
  - Reviewing family progress and level changes
  - Discussing family retention and attrition
  - Documentation review
  - Incorporating results of tools used in service delivery (e.g. developmental screens, evaluation tools, etc.)
  - Integrating quality assurance results that include regular and routine review of assessments and assessment records, home visitor records, and all documentation used by the program
  - Tracking of due dates
  - Assisting staff in implementing new training into practice
  - Assessing cultural sensitivity/practices
  - Providing guidance on use of curriculum
  - Providing reflection on techniques and approaches
  - Identifying areas for growth
  - Identifying and reflecting on potential boundary issues
  - Sharing of information related to community resources
- For Family Support Workers, documentation of above activities is done on either the Staff Development form for those activities that are not specific to an individual family served, are related to overall performance or reflect individual training and/or support provided to the staff. Discussion of an individual family is recorded on the Client Supervision Log.
- In addition to skill development, professional support is provided to all staff to continuously improve the quality of their performance.

8.02 SUPERVISION OF SUPERVISORS

8.02 POLICY

Supervisors are held accountable for the quality of their work and receive skill development and professional support. The program administrator will provide supervisors with regular, on-going supervision at least monthly and quality oversight that includes shadowing of the supervisor. Supervisors will also receive support through supervisor team meetings which are held at least monthly.

8.02 PROCEDURE

Documentation of individual supervision with supervisors will be maintained by the program administrator or other designated staff. Supervision sessions will include:

- Review of staffing issues
- Feedback/reflection regarding team development

- Monitoring of boundary issues
- Client confidentially
- Client service issues
- Review of compliance to goals, outcomes and standards
- Discussion of QA results and plans
- Performance review follow-up
- Discussion of trainings, committees and special projects
- Case review of each client for those supervisors who have a caseload of families or assessments for FAW supervisors
- Support of skill building

Minutes of each supervisor team meeting will serve as the documentation of all items discussed and support provided.

8.03 SUPERVISION OF MANAGERS

The program manager will meet with the agency director/administrator at least one time per quarter. All program managers are held accountable for the quality of their work, receive skill development and professional development. Supervision is to include two way feedback and is documented on an on-going, consistent basis.

Program managers who supervise direct service staff must meet the supervision of supervisors requirements.

8.04 SUPERVISION OF AFS STAFF

All AFSS are Masters level staff. They are expected to act relatively independently. AFSS services are contingent on available funds. Their duties include:

- AFSS evaluation
- Case reviews
- AFS supervision
- Limited AFS support

All AFS staff are held accountable for their performance through routine review of their work and performance reviews conducted by the Healthy Families program administrator. The AFS supervisor meets monthly with the Healthy Families program administrator for supervision.

8.05 SUPERVISORY CASELOAD RATIOS

8.05 POLICY

Supervisor Staffing Caseloads

- Caseload size is based on the needs of the agency, other duties, client caseload sizes of staff, training needs of staff, and skills of the supervisor.

- Maximum supervisor caseload size for FAW or FSW supervisors is six staff, if they have no other duties. Supervisors who serve families or have other special assignments are assigned five staff.

Manager Staffing Caseloads

- The agency determines the work assignments for the Healthy Families manager in their agency. They must have adequate time to provide support to supervisors and staff, oversee program outcomes, goals, and standards, participate in HFI and HFA committees.

8.05 PROCEDURE

Supervisor caseload size is based on the needs of the agency. Supervisors may supervise a maximum of six staff if they have no other duties assigned. Supervisors who serve families or have other duties are assigned four to five staff.

Manager caseload is determined by the agency.

8.06 DOCUMENTATION OF SUPERVISION

8.06 POLICY

Direct service staff logs, which document the date and time of supervision, are kept in each staff supervision book. Documentation of staff development and case review is kept in individual staff books on standardized Healthy Families of Allen County forms, by the supervisor. Documentation is reviewed during file audit for compliance to standards.

The program administrator completes supervision notes each time meeting with supervisors. Logs with dates and times are maintained by the administrator. Supervisors who provide services to families maintain documentation in the same manner as direct service staff. Team meeting minutes are kept by the Healthy Families administrative assistant. Advanced Family Support supervisors document supervision on a specialized clinical form which is kept in the Healthy Families supervision book so that supervisors can follow-up on issues.

Team meeting attendance is recorded by each supervisor and kept by the agency.

Overall, supervision and documentation is treated with confidentiality per Healthy Families of Allen County policy. Supervision notes are not part of the participant file.

8.06 PROCEDURE

Documentation of supervision is kept in a supervision book for each staff and divided into sections. The first section is documentation of dates and times of each supervision and staff development logs. The next is a section for each client on the staff caseload. Each client has documentation of level tracking, assessments, IFSP tracking, client supervision logs, and agency specific.

A supervision tracking log is completed for each month and then the following is entered for each supervision:

- The date, time in and out
- Total time
- Yes or No indicated if staff development log is completed
- Supervisor and staff initial each week's entry and sign at the end of each month to verify accuracy

A caseload report (Monthly Report #5) is kept behind the tracking log and the date/s each client is discussed is entered next to the client's name.

The program administrator reviews all entries and signs the tracking log at the end of the month. Data is entered by the program assistant.

Staff development logs are kept to track skill building of the FSW. Supervisors may make suggestions about skill building, training and praise of FSW skills. Supervisors also use the staff development log to follow up on suggestions that were made. A staff development log is completed for each supervision.

In the client sections:

- The level tracking form shows level movement for each family and tracks when levels are to be reviewed. Documentation of discussion with the family is also shown here.
- The assessment section tracks discussion of the initial Kempe and additional assessments completed with any interventions required.
- The IFSP tracking shows IFSP development
- The client supervision log documents discussion about a specific family and any suggestions or follow up by the supervisor regarding that family. A supervision log is completed at least once a month per family.
- Agency specific may include unusual occurrences, No Harm contracts, copies of immunizations records, transfer memos

Supervision Documentation for Supervisors
Individual supervision notes for each supervisor are kept by the program administrator and the same documentation is kept for supervisors as for FSWs, if the supervisor has families on their caseload. Supervisor meetings are documented by meeting minutes and are kept by the program administrator.

Supervision Documentation for Managers
The program administrator is responsible for ensuring that supervision notes are kept for their own individual supervisions provided in some system for review when necessary.

SECTION IX

PROGRAM MANAGEMENT AND ADMINISTRATION

9.01 PROGRAM ADMINISTRATOR ROLE

The Healthy Families of Allen County administrator is responsible for:

- Coordination of management team meetings
- Grant and report writing
- Acts as the Healthy Families of Allen County representative at HFI and HFA
- Tracks compliance to funding, HFI policy, and HFA critical elements
- Proposes changes and updates to policies and procedures
- Coordinates internal quality assurance system
- Provide monthly reports to the SCAN executive director
- Completes Cultural Service Review
- Creates annual report
- Oversees response to client/child deaths, unusual occurrences, complaints and clinical service requests
- Distributes and collates annual satisfaction surveys, and staff surveys
- Coordinates annual reviews of acceptance/retention, cultural competence, staff training needs
- Tracks staff utilization and turnover
- Reviews and discusses research/evaluation proposals, presents to appropriate state committees for final approval
- Provides information as necessary to the Operations Committee (Advisory Committee)
- Makes public presentations on behalf of Healthy Families of Allen County
- Responds to all community, funders, or state complaints
- Coordinates data collection for evaluators
- Monitors screening, assessment, admission, acceptance, home visitation, outreach, IFSP completion, ASQ rates, children with delays, medical homes, immunization rates, well child rates and referrals
- Oversees supervisors and staff as necessary - supervisors receive monthly supervision
- Conduct, at least monthly, supervisory meetings with supervisors
- Meet at least monthly with the agency executive director to review program outcomes, etc.
- Monitor caseloads of supervisors and staff
- Provide on-going training and support to staff
- Develop plans of correction any time the agency does not meet standards
- Plan and conduct Healthy Families of Allen County training as needed

9.02 BUDGET RESPONSIBILITIES

Healthy Families of Allen County develops a budget within the guidelines of current funders. The SCAN controller, executive director, and Healthy Families program administrator reconcile budgets to match available funding. Budgets are approved by the SCAN Board of Directors and Finance Committee.

Once the budget is approved, spending is monitored within the agency. The overall Healthy Families of Allen County spending is monitored by the SCAN Finance Committee and Board of Directors.

The Healthy Families program administrator is responsible for managing revenue generation and monitor expenses. The SCAN controller and executive director are responsible to ensure an audit is completed by an independent CPA approved by the board.

9.03 ADVISORY COMMITTEE (SCAN OPERATIONS)

Management Responsibilities
The Healthy Families program administrator is responsible for ensuring that the following information is shared with the advisory committee:

- Quarterly reports on outcomes
- Acceptance/retention outcomes
- Cultural competence reviews
- Agency policy and procedure revisions
- Staff turnover analysis
- Problem solving related to any funding, programmatic, client or staffing issue where community input would be helpful
- Client surveys, input from focus groups or interviews with families
- Review and approve research proposals

The Operations group is guided by the SCAN Board of Directors policies and by-laws. Agendas and planning for the meetings are the responsibility of the SCAN executive director.

Member Responsibilities
The SCAN Operations Committee was formed to ensure that services to families are of the highest quality possible. Input from committee representatives is imperative to the success of the program.

Time Commitment
Meetings are 1 hour and held ten times a year. Committee members may be invited to group activities.

Responsibility
Members will be asked to give recommendations related to service delivery, family retention, staff training, quality assurance and the cultural competence review. Recommendations will be forwarded to administration. All committee members are encouraged to give input, make suggestions or voice concerns at any time.

Confidentiality
Out of respect for families and due to sensitivity of materials shared, all committee members are asked to sign a confidentiality statement.

9.04 MANAGER LINKAGE TO HEALTHY FAMILIES INDIANA/HEALTHY FAMILIES AMERICA

As an affiliated site of Healthy Families America, the Healthy Families of Allen County partners are committed to the success of the national home visiting program.

Healthy Families Indiana provides both mandatory and optional meetings and trainings. The Healthy Families of Allen County administrator is required to attend only those mandated by the Healthy Families Indiana policies and grants.

SECTION X

RESEARCH AND EVALUATION

10.01 PHILOSOPHICAL OVERVIEW

No policy required.

10.02 PROPOSAL REVIEW AND APPROVAL PROCESS

All proposed research and evaluation projects must be approved by the SCAN executive director, Operations Committee and Healthy Families Indiana. Any evaluator/researcher wishing to evaluate the Healthy Families of Allen County program must submit a written proposal to the parent agency, SCAN, Inc. The proposal must include literature search, timelines, proposed methodology, proposed target group, proposed use of funding, assurance of protection of client rights and IRB approval. The SCAN Operation Committee reviews the proposal and if approved, the proposal is sent to the Healthy Families Indiana Evaluation Committee for approval. If all parties agree to the proposal, the Healthy Families program administrator is responsible for coordinating the process. Agency agreements and releases of information must be approved by SCAN, Inc. and Department of Child Services.

10.03 PROTECTION OF PARTICIPANT RIGHTS

Healthy Families of Allen County is committed to protecting participant privacy and voluntary choice to take part in research/evaluations in which Healthy Families of Allen County is involved:

All families are notified when evaluations/research are to occur and are asked to sign consents to participate in the evaluation/research. Informed consents explain what information is being collected, for what purpose, for what timeframe and where/with whom the information will be shared. Informed consents are signed once for the duration of service and/or the project. Families may request to be removed from evaluation at any time. Informed consents and requests to withdraw are shared with evaluators (copies). The originals are maintained by the Healthy Families program.

No family is required to participate in evaluation/research. Healthy Families of Allen County services are not contingent upon participation in evaluation/research.

10.04 HEALTHY FAMILIES INDIANA/HEALTHY FAMILIES AMERICA EVALUATORS

Healthy Families of Allen County is committed to participating in evaluations done by Healthy Families Indiana or Healthy Families America.

The Healthy Families program administrator (or appointee) will participate on the HFI Evaluation Committee.

SECTION XI

STAFFING

11.01 STAFFING PATTERNS

11.01 POLICY

Each year SCAN establishes a budget and a projected number of families to be served. The Healthy Families program administrator projects the number of families to be served.

11.01 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.02 HIRING PRACTICES

11.02 POLICY

The agency is expected to comply with Equal Opportunity Employer and other legal requirements and is expected to have job descriptions for each position which includes Healthy Families of Allen County requirements.

The agency is expected to have an internal posting procedure which provides career ladder opportunities for existing staff. External postings are expected to meet EOE guidelines.

The agency is expected to have interviewing procedures which include standardized questions which identify specific skills and characteristics required by the Healthy Families program.

The agency is expected to check three references prior to work with families and conduct background checks (police, FBI, etc.),CPS checks and fingerprinting prior to working with families. Healthy Families of Allen County receives state and federal funding which requires drug screening prior to work with families.

Because Healthy Families of Allen County staff routinely provide transportation to participants, each agency is expected to conduct Bureau of Motor Vehicles checks on driver's license and liability insurance verification.

If the agency chooses to use volunteers or interns they must follow the same procedures used for paid staff.

11.02 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.03 STAFF CHARACTERISTICS

11.03 POLICY

The agency has hiring guidelines and job descriptions which require, at a minimum, the following characteristics:

Program Administrator/Manager
A solid understanding and experience in managing staff, administrative experience in human service or related programs, experience with quality assurance and program development, and a minimum of a Bachelor degree in human services or related fields (Masters preferred).

Supervisor
Must have a solid understanding of and experience in supervising and motivating staff, as well as providing support to staff in a stressful work environment, knowledge of infant and child development and parent-child attachments, experience with family services that are family centered and strength based, knowledge of maternal-child health and dynamics of child abuse/neglect, experience in providing services to culturally diverse communities, experience in home visitation with a strong background in prevention services in the zero to three age population, and a Bachelor degree in human services or related fields (Masters preferred).

Assessment and Home Visitor (FAW/FSW)
Ability to establish trusting relationships, acceptance of individual differences, experience and willingness to work with the culturally diverse populations which are present among the target population - multiple races, religions, age groups, multi-generational families; various languages, various incomes, families with alternative lifestyles, knowledge of infant and child development.

Advanced Family Support Supervisor
Must have a Masters degree (MSW, LCSW, LMFT, LMHC, MS Psych, MS Child Development), ability to establish rapport quickly, flexibility in scheduling, ability to work within various cultures, ability to quickly analyze family strengths, needs and make service recommendations.

11.03 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.04 EDUCATIONAL REQUIREMENTS

11.04 POLICY

Healthy Families of Allen County is focused on experience, which is needed to meet the needs of families, coordinate with other agencies and document their activities. All staff must have a minimum of a high school diploma/GED and two years of college or equivalent.

Any staff person who does not meet optimal education requirements will have a training plan which will bring their skills to the level of staff with the optimal education.

11.04 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.05 VOLUNTEERS/INTERNS

11.05 POLICY

Healthy Families of Allen County encourages the use of volunteers and interns to provide support for staff while meeting their educational needs. Volunteers and interns do not replace regular staff.

11.05 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.06 MONITORING STAFF TURNOVER

11.06 POLICY

The program administrator is responsible for measuring and analyzing staff turnover within the agency. Turnover is monitored by measuring staff retention. Retention is calculated by dividing the number of people who leave by the number of positions and is monitored in October of each year by asking, "Of the people who were here last October, how many are still here?" The number who stayed is the retention rate. Those who left are turnover.

Turnover is measured, annually, by job classification and by titles within the budget. The program administrator collects demographic, training, caseload and exit information on all staff who leave.

Annually, the Healthy Families program administrator reviews the compiled reports, analyzes the data and makes plans of correction as needed.

11.06 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

11.07 EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) REQUIREMENTS

11.07 POLICY

The agency is required to meet EEOC hiring and employment practices. EEOC regulations are posted within each agency. Staff receive initial and on-going training related to EEOC requirements. **The program actively recruits, employs, and promotes qualified personnel**

and administers its personnel practices without discrimination based upon age, gender, race, ethnicity, nationality, sexual orientation, mental/physical handicap, religion or veteran status of the individual under consideration.

The agency must have an Affirmative Action Plan (SCAN provides a plan which includes Healthy Families of Allen County).

11.07 PROCEDURE

Procedures are implied within the policies. Procedures are written as needed and maintained in the SCAN policy manual.

SECTION XII

STAFF TRAINING

12.01 TRAINING OVERVIEW

12.01 POLICY

All Healthy Families Indiana and Healthy Families America required training is provided by Healthy Families Indiana, SCAN or is available on-line through Healthy Families America. Outlines, training logs and post tests are kept in each individual staff training book.

Healthy Families of Allen County provides training to meet orientation requirements. Role specific training is provided by Healthy Families Indiana. The HFA six and twelve month training requirements are provided through Healthy Families TLC on-line system, independent study modules or through the Healthy Families of Allen County Foundations classroom series. On-going training is provided through many sources, and is determined by discussion between supervisor and staff.

Training is tracked in individual training books which are routinely monitored by supervisors. All staff training is entered into the Healthy Families Indiana Training Tracking System according to Healthy Families Indiana policy.

Staff hired who have previous employment with Healthy Families will repeat all required training if they have not been employed with Healthy Families for a period of three years or greater.

12.01 PROCEDURE

Orientation is completed at each agency and includes agency policy and procedures. Orientation requirements are met through one or both of the following opportunities: through HR second day orientation and with the Healthy Families Individualized Training (self-study with supervisory review).

CORE training is available through HFI every three months for incoming staff to ensure role specific training.

Six and twelve month FHA training credentialing requirements can be met through:

- Foundations I and II training available at least annually at SCAN
- Independent study modules maintained by SCAN
- Combination of classroom and independent study, depending on the needs of the staff
- Use of e-learning modules as provided by HFA/HFI.

The new staff's supervisor will discuss training needs and assist the worker in registering for needed trainings as part of staff development during supervision.

Employees hired who have had Healthy Families training previously must repeat all training if they have not worked in Healthy Families for a period of three years or greater.

See section 12.11 for the procedures regarding documentation of training received in the training tracking system.

12.02 ORIENTATION (HFA STANDARDS 10.2 A-E)

12.02 POLICY

All staff must complete orientation to staff roles as they relate to program goals, services, policies, and operating procedures, philosophy of home visiting, program relationship with other community resources, child abuse and neglect indicators, abuse reporting requirements, confidentiality and boundaries. All staff must complete the above orientation prior to working with families.

Healthy Families of Allen County orientation requirements can be met through Healthy Families Individual Training (HFIT) or in the initial HR orientation process.

12.02 PROCEDURE

Upon hire, each staff person must complete the following trainings prior to being assigned clients:

- Orientation to specific agency policies and procedures
- Orientation to program goals, services, policies, and operating procedures, philosophy of home visiting, program relationship with other community resources, child abuse and neglect indicators, abuse reporting requirements, confidentiality and boundaries

Healthy Families of Allen County orientation may be met through Healthy Families Individual Training (HFIT) or in the initial HR orientation process.

For HFIT training, staff complete a combination of reading materials, videos or power point if applicable, an activity to increase knowledge of community resources, shadows to allow staff an opportunity to observe and practice what they are learning, and a post test for each section. These exercises and the post test are reviewed by the training supervisor to ensure staff obtain knowledge in each area. Staff document completion of each section on a training log which is submitted to their supervisor. The supervisor is responsible for ensuring that all training is compiled in the individual staff's training book and entered in all required electronic tracking systems.

12.03 ROLE SPECIFIC TRAINING

12.03 POLICY

Healthy Families of Allen County requires that all FAWs, FSWs, supervisors, and managers complete CORE training specific to their role, within six months of hire. CORE training is based on the HFA training module and is approved by HFI. It is taught by HFA certified trainers.

12.03 PROCEDURE

Healthy Families Indiana provides CORE, at a minimum, quarterly. All direct service staff, FAW and FSW, must complete CORE within six months of hire. FAW CORE is provided regularly (usually quarterly) by HFI. The FAW supervisor receives FAW CORE and supervisor CORE. The FSW supervisors receive FSW CORE, supervisor Core and FAW cross training conducted by a FAW certified trainer. AFS staff are required to complete FSW CORE. All Healthy Families

Allen County managers complete FSW and FAW CORE and supervisors training.

If staff are promoted from within the program to supervisor, they repeat CORE and complete supervisor CORE. Supervisors complete an individual study module specifically related to their role as it relates to program goals, services, policies and operating procedures, and philosophy of home visiting/family support prior to supervision of staff. Shadowing other supervisors is part of supervisor orientation. Staff that are promoted to supervisor will repeat CORE to gain perspective of the training as a supervisor. They will complete supervisor CORE and individual supervisor training at their agency which includes shadowing other supervisors.

A FSW changing to a FAW is to complete FAW CORE and in turn a FAW changing to a FSW is to complete FSW CORE, within six months of change in position.

The supervisor is responsible for ensuring that all training is compiled in the individual staff's training book and entered in all required electronic tracking systems.

Managers must attend all three CORE trainings - FAW, FSW, and supervisor.

12.04 SIX MONTH TRAINING STANDARDS

12.04 POLICY

Healthy Families of Allen County provides on-line, independent study and/or classroom training to assist staff in meeting local, state and national training requirements. Within six months of employment, all staff are expected to complete the following training (besides role specific training):

HFA 10-4 (Sub-categories)

- Infant Care
- Child Health and Safety
- Maternal and Family Health
- Infant and Child Development
- Role of Culture in Parenting
- Supporting Parent-Child Relationship

HFA requires specific topics under each sub-category. It is the individual trainer's responsibility to ensure that these topics are covered.

12.04 PROCEDURE

Supervisors are responsible to make sure staff enroll in the training format chosen, whether on-line, independent study or in classroom. There should be competency-based testing after each topic and supervisor follow up with staff to ensure understanding of materials.

If staff do not complete the training within the required timeframe (six months), they are expected to receive the training regardless of the timeframe.

See section 12.11 regarding documentation of training received in the training tracking system.

12.05 TWELVE MONTH TRAINING

12.05 POLICY

Healthy Families of Allen County provides on-line, independent study and/or classroom training to assist staff in meeting local, state, and national training requirements. In the first twelve months of employment all staff are expected to complete the following training at a minimum:

HFA 10-5 Sub-categories

- Child Abuse and Neglect
- Family Violence
- Substance Abuse
- Staff Related Issues
- Family Issues
- Mental Health

HFA requires specific topics under each sub-category; it is the individual trainer's responsibility to ensure that these topics are covered.

In addition to the above, FSWs/FAWs and supervisors are expected to complete CPR, First Aid training, and CPI (crisis intervention) annually.

12.05 PROCEDURE

Supervisors are responsible to make sure staff are enrolled in the training format chosen, whether on-line, independent study or in classroom. There should be competency-based testing after each topic, and the supervisor follows up with staff to ensure understanding of materials.

If staff do not complete the training within the required timeframe (twelve months), staff is expected to receive the training regardless of the timeframe.

See section 12.11 for procedures regarding documentation of training received in the training tracking system.

12.06 ON-GOING TRAINING (HFA STANDARD 10.6)

12.06 POLICY

Healthy Families of Allen County requires each staff member, who has been employed one year or more, to continue their professional growth through on-going training based on individual staff needs. This training may be acquired through Healthy Families of Allen County, HFI, HFA, agency, community based curriculum, or other outside sources etc., as deemed appropriate by the supervisor of staff or the program administrator.

Annually, Healthy Families of Allen County surveys staff and supervisors regarding their training needs. Each staff must attend a training which includes cultural characteristics identified by the population served.

An annual training calendar is prepared by SCAN to ensure timely access to required trainings. Training not included on the Healthy Families of Allen County calendar may be received from schools, workshops, or other agency in-services.

If coursework is to be used as an option for on-going training, proof of attendance and/or successful completion must be submitted.

12.06 PROCEDURE

Supervisors are responsible to ensure staff have annual training to develop individual skills, including training on the cultural characteristics identified by the population served. Supervisors should discuss training needs in supervision to determine individual staff needs. Supervisors should also review each staff's training survey as well. The amount of training is determined by staff skill, professional development, plans or job requirements

The supervisor of the staff is required to document training received in each staff's training book. Healthy Families of Allen County provides regular training to meet needs identified by staff and community need.

See section 12.11 for procedures regarding documentation of training received in the training tracking system.

12.07 TOOLS TRAINING

12.07 POLICY

Healthy Families of Allen County uses several standardized "tools" to assist in serving families. No tool may be used by a staff member until they have completed training and have been determined to be inter-rater reliable when required.

Each tool has its own training module. Trainers meet the requirements of the specific tool. Training may be done classroom style or independent study, depending on the tool.

Tools used by Healthy Families of Allen County include:

- Kempe Assessment and Maternal Record Screen
- Edinburgh Postnatal Depression Scale (EPDS)
- Healthy Families Parenting Inventory (HFPI)
- HOME Scale
- North Carolina Family Assessment Scale (NCFAS)
- Ages and Stages Questionnaires (ASQ-SE and ASQ-3)

12.07 PROCEDURE

Maternal Record Screen and Kempe

FAWs receive training on the Maternal Record Screen and/or Kempe Family Stress Checklist prior to administering the tool independently. This training is completed in CORE or on-site stop-gap training may be provided. Stop-gap training is provided by an individual who has been trained on the tool and is proficient in using the tool. Stop-gap training must include theoretical

background (purpose, what it measures, etc.), hands-on practice in using tool and must occur prior to administering the tool. Stop-gap training does not replace FAW CORE, which must occur within six months of hire.

Ages and Stages Questionnaire-3 - Ages and Stages Questionnaire-Social/Emotional
All staff receives training on the ASQ-3 and ASQ-SE prior to administration. Healthy Families of Allen County has a supervisor (who has received training from a certified trainer) responsible for training all staff on the ASQ-3 and ASQ-SE. The training includes using the ASQ manuals, videos, practice administrations, and testing. Supervisors are responsible for tracking and entering training and first administration dates in the staff's training book. Annually, all staff receive refresher training on administering the ASQ-3 and ASQ-SE through classroom style training, team meetings or individually with their supervisor.

EPDS, HFPI, HOME Scale, and NCFAS
All staff receives training on the EPDS, HFPI, HOME Scale, and NCFAS prior to administration. Trainings on the tools are completed by supervisors or peers who have been trained on the tools and are proficient in using the tools. Training consists of the use of manuals, Powerpoint presentations, or handouts and practice administrations. Supervisors are responsible for reviewing the training with staff as needed. Supervisors are also responsible for tracking and entering training and first administration dates in the staff's training books. Annually, all staff receive refresher training on administering these tools through classroom style training, team meetings or individually with their supervisor.

12.08 MANAGER TRAINING

12.08 POLICY

Managers must complete all initial training required by their staff. It is assumed that they will possess basic management skills at the time of hire. Additional management training is done through mentoring with an existing manager or the administrator within their agency.

12.08 PROCEDURE

Managers are required to complete the following trainings in Healthy Families of Allen County timelines outlined previously:

- Orientation
- HFIT
- CORE
- Foundation I
- Foundation II
- CORE supervisor training

12.09 VOLUNTEER/INTERN TRAINING

Volunteers /Interns are not used to replace regular staff. Volunteers are encouraged to attend as much Healthy Families of Allen County training as possible. Volunteers receive one-on-one orientation to the program prior to volunteer work. Interns are required to attend the same

training that is required of FAWs or FSWs.

12.10 TRAINING TRACKING

12.10 POLICY

All Healthy Families of Allen County staff have an individual training book where all training is tracked for each employee. Supervisors must approve all entries into the book. Training books are periodically reviewed by supervisors.

12.10 PROCEDURE

All Healthy Families of Allen County staff have an individual training book where all training is tracked for each employee. Supervisors must approve all entries into the book.

Staff complete a training log for each training attended which has the name of the training and amount of time in training. Supervisors must approve all training logs prior to submission to the Healthy Families Training department. The training information is entered into the HF database and the HFI database. Forms are then returned to supervisor or designee who keeps staff training books.

Training books are periodically reviewed by supervisors to ensure completion of logs and required documentation is entered.

Training notebooks include all forms necessary for training documentation including one master form listing completion dates of each training so that the supervisor can easily track training timelines. It is each supervisor's responsibility to document all training in the training notebook as necessary. All back up information such as training logs, post tests, etc. will be kept in the notebook as well.

The following information must be completed and in the order listed under each area for all employees:

HF Staff Information Form
Supervisors are responsible to ensure the information such as hire date, termination date, demographics, date of first home visit, date of first developmental testing, first assessment, etc. are entered on the staff information form. This form is kept in the front of the book directly behind the procedures.

Prior to First Client Tab
This section documents all orientation training required prior to working with families. It includes all of the forms from HFIT, including post tests, paperwork for exercises, videos watched, supervisor notes, training logs, etc. Forms for agency specific orientation can be included here as well. The supervisor is to make sure that all training areas required prior to working with clients are complete.

Six Months Tab
This section documents training that is required within the first six months of hire. It includes the

CORE training checklist form, as well as a copy of the training log showing completion. The supervisor can then sign off on it. A copy of the CORE training certificate is also included.

Any documentation that shows the requirements on the tracking form has been met, training logs, post tests, etc. is included in this section; this includes supporting documentation from independent study and on-line sessions completed.

Once the supervisor has checked accompanying post tests, etc. and made sure the training log is completed, he/she enters this in the notebook and signs off on the Healthy Families Training Tracking form.

Twelve Month Tab

This section documents training that is required in the first 12 months of hire. It includes copies of training logs and documentation that training has been completed is included; this includes supporting documentation from independent study and on-line sessions completed.

Once the supervisor has checked accompanying post tests, etc. and made sure the training log is completed, he/she enters this in the notebook and signs off on the Healthy Families Training Tracking form.

On-going Training Tab

The on-going training form is filled out by the supervisor as staff complete any training beyond 12 months. The year for annual trainings is calculated on the fiscal, not calendar year. For example, if the year indicated at the top of the form is 2011, that form will include training from September 2010 through August 2011. Copies of completed training logs and any certificates are kept in this section behind the training form for each year. The ongoing training form includes the topic, date, hours for each, and the supervisor’s initials/signature for each year.

This section is also used for any training completed in the first 12 months of hire not documented in any other section.

Use of the Training Log

A training log is completed for each training attended. The original form is placed in the staff’s training book and the information entered on the appropriate training form by the supervisor. A copy of the log is sent to training support for entry into the data system.

The supervisor has primary responsibility for tracking staff completion of training in a timely manner and getting staff registered on time for upcoming trainings. All training records are entered into the HFI training tracking system. The program administrator and a designee are responsible to ensure all trainings are recorded. Supervisors and the program administrator are responsible for tracking and reporting compliance.

SECTION XIII

QUALITY ASSURANCE

13.01 QUALITY ASSURANCE CONCEPTS AND APPROACHES

Healthy Families of Allen County takes great effort to make certain that participants receive the highest quality of support possible. The annual service review ensures that participants and staff have input, based on data, provided by the staff that participants are receiving "best practice" services. Quality assurance practices help monitor individual staff performance, ensure compliance to credentialing standards, ensure compliance to Healthy Families of Allen County and Healthy Families Indiana policies and procedures, and promote client service satisfaction.

The program conducts, at a minimum, a bi-annual service review to address all components of the service delivery system: assessment, service planning, home visitation, supervision, etc. The review also addresses the cultural competency of those services provided. Materials, training, and service delivery are analyzed and a plan to address areas that need improvement is developed. The review includes the following information based on the fiscal year:

- An up-to-date description of the target population
- Analysis of assessment outcomes and rates including a description of the program's collaboration with community agencies that allow the program to screen and assess the target population and how this compares with the birth rate
- The annual acceptance analysis which includes acceptance rates of participants into the program, definition of acceptance rate, analysis of who refused the assessment and home visiting services and the reason for refusal, and a plan for increasing acceptance rates based on the analysis
- The annual retention analysis which includes retention rate of participants in the program, definition of retention rate, analysis of who left the program and the reasons for closure, and a plan for increasing retention rates based on the analysis
- A description of the cultural, racial/ethnic, and linguistic characteristics of all groups within the current service population
- Materials provided to families which have been reviewed for cultural competency and service needs based on staff input
- Training provided on culturally competent practices centered on the unique characteristics of the population based on staff input
- Rate of annual personnel turnover and analysis of factors resulting in turnover
- Program recruitment, selection and promotion of staff
- Analysis of annual home visit completion rate and plan to increase the rate
- Summary of the annual participant satisfaction survey results.

The review is presented to the SCAN Operations Committee for feedback and/or recommendations.

In addition to this formalized review, Healthy Families of Allen County receives an annual Quality Assurance and Technical Assistance visit from Healthy Families Indiana or other qualified designee selected by SCAN, Inc.

The program also conducts routine quality assurance activities to ensure consistent provision of quality services.

PARTY RESPONSIBLE	QUALITY INDICATOR SOURCES
FAW supervisor	Review of every assessment
Assessment/FAW supervisor or designee	Assessment observations and documentation review. FAW observations to occur two times per year. For new staff three observations in first three months
Program administrator or designee	Supervision provided to assessment supervisor
FAW/FSW supervisor or designee	Ongoing case review and documentation. Each case to be reviewed at least once a month during supervision.
FAW/FSW supervisor	Regular review of due dates, tool completion, program goals with staff
FAW/FSW supervisor	Weekly supervision provided to FAW/FSW; team meetings to occur twice a month
FSW supervisor	Contact letters mailed to all participants. Letters to include supervisor and program administrator contact information and to solicit client feedback and/or concerns.
FSW supervisor	Home visit observations and documentation review. Each FSW to be observed four times per year and include one initial home visit. For new staff three observations in the first three months.
FSW supervisor	Chart review to include four files per year per staff
Healthy Families of Allen County program administrator, FSW supervisor, or designee	Periodic contact with families who refuse home visiting, who are on creative outreach, and/or who leave the program
Healthy Families of Allen County program administrator or designee	Monthly supervision provided to FSW supervisors and monthly FSW supervisor meetings
Healthy Families of Allen County program administrator or designee	Supervision observations to occur annually or two times in the first three months with new supervisor
Healthy Families of Allen County program administrator or designee	Supervision documentation to be reviewed annually
Healthy Families of Allen County program administrator or designee	Elevated tool and intervention audits completed twice a year
Healthy Families of Allen County program administrator or designee	Closure audits to ensure creative outreach/no contact compliance
Administration	Annual client satisfaction surveys
Direct supervisor	Annual performance evaluations
Administrator/Agency	Annual report to include program goals and objectives
HR department of Healthy Families of Allen County	Annual staff satisfaction surveys
Healthy Families of Allen County program administrator	Annual training survey
Healthy Families of Allen County program administrator	Annual cultural competency survey
Healthy Families of Allen County program administrator	Program policy and procedure compliance
Healthy Families of Allen County program administrator	HFI policy and procedure compliance
Healthy Families of Allen County program administrator	Annual Service Review

13.02 QUALITY ASSURANCE OVERSIGHT

The Healthy Families of Allen County program administrator is responsible for the coordination of all quality assurance measures. Supervisors and the program administrator are responsible for plans of correction for any deficiencies discovered during the QA process.

Healthy Families of Allen County Program conducts satisfaction surveys each year and reports results to the SCAN Operations Committee.

Healthy Families of Allen County participate annually in the HFI site visit process

SECTION XIV

DATA TRACKING

14.01 DATA TRACKING

Healthy Families of Allen County uses the FAMILYWISE online database system to record all interactions with families. All staff are trained to use the database system and a database manual is available to assist staff. One person is designated at SCAN to contact Datatude regarding issues or problems with the data or system.

All families are notified that their information is collected electronically and that all information is shared with funders and evaluators.

Billing functions are performed as instructed by the state.

All participant files contain the same forms with documentation recorded in similar fashion and file order is consistent. All documentation of home visits, secondary activities and referrals are due within one week of the activity. Exceptions are granted by the program administrator.

Files are maintained in a locked, secure area.