

Healthy Start will Offer Services voluntarily and use positive, persistent outreach efforts to build family trust.

Healthy Start services are offered to families on a voluntary basis and cannot be mandated. Families may choose to discontinue services at any time.

Healthy Start Family Rights and Confidentiality Form:

Each Healthy Start FSW takes the Family Rights and Confidentiality and Release of Information form with them on the first home visit for families to sign. These forms are available in both English and Spanish. A family whose primary language is Spanish is visited by a bilingual staff member.

For families who speak a language other than English or Spanish, every effort will be made to find an interpreter for the home visits and to translate all materials into their primary language.

Supervisors will be responsible for forwarding any information on to requesting agencies. Prior to releasing information, the supervisor will check the client's file to ensure they have signed a Release of Information form.

Sites follow established state protocols for working with local agencies to ensure the voluntary participation of families. Programs develop local program policies to work with families involved with the Department of Human Services (DHS).

All DHS families referred to Healthy Start will be contacted and offered services. DHS Case workers will be kept up-to-date on family participation. No Healthy Start services will be mandated by DHS - participation will be voluntary and there will be no adverse consequences for families who choose not to participate.

Families who chose not to participate in the state-wide evaluation system will still be eligible to participate in Healthy Start. Demographic information is recorded on the OCCF Family Manager database and is not shared with the evaluators. Information on families is kept in an individual family notebook and kept on site in a locked file cabinet.

Pre Natal and Post Natal Families

UMCHS Healthy Start program will serve prenatal families. Prenatal families may choose to have weekly, bi weekly, monthly, or quarterly home visits. Partners for a Healthy Baby will be the primary curriculum that will be utilized.

Supervisors will review all prenatal screens and assign prenatal families to FSW staff based on caseload, geographic location, primary language needs, and other culturally sensitive issues.

Engagement Activities prior to enrollment

Prior to the first home visit, FSW staff conducts engagement activities using a variety of positive methods to build family trust:

- The FSW will first attempt a phone call to the family. If they are unable to reach the family on the first phone call they will attempt at least two more times at different times of the day and different days of the week
- If there is no response via the telephone, the FSW staff will send a letter to the family explaining the program and asking the family to contact the program if they would like to learn more about Healthy Start home visiting services.
- The FSW staff will also attempt a home visit to explain the program. If no one is home they will leave a “door knocker” on the front door of the house which will give contact information.
- FSW staff may visit WIC clinics and local hospitals to meet potential Healthy Start families.

Program staff uses a variety of positive methods to engage newly enrolled intensive service families, build family trust, and maintain family involvement in the program.

Local activities to build family trust in the initial engagement period and at a minimum of 90 days may include:

- Welcome Baby Bags that include printed materials on child development and safety items such as first aid kits, electrical outlet plugs, water temperature duckies, etc.
- “How are you doing” phone calls between home visits.
- Agency newsletter mailings
- Providing materials in the primary language of the family.
- Invitations to participate in parent education, cluster meetings, family meetings, Nutrition classes, etc.

Supervisors support FSW through weekly meetings to discuss caseload and assist staff with caseload issues and how to resolve them.

Creative Outreach

Families who neither actively participate in home visiting, nor decline services, are placed on Creative Outreach for a minimum of 90 days. Efforts to contact the family to re-engage them in services are documented in the family file and in supervision notes.

Examples of placement on Creative Outreach:

- After they have missed one home visit followed by at least 10 working days of unsuccessful attempts to reschedule.
- If the family has told the FSW that they will be out of the area and not available for home visits for at least 30 days.
- Family situation, emergency or illness prevents FSW from home visiting.

Families will not be placed on creative outreach due to staff turnover, staff illnesses, or other program issues.

The type of Creative Outreach, when possible, will be determined mutually between the FSW and the family.

Creative Outreach activities may include:

- Weekly telephone contacts
- Monthly child development mailings/information/resources
- Enrollment in a parent training class
- Attendance at local Head Start/EHS parent meeting
- Contact at WIC appointments
- Attendance at WIC nutrition classes

All creative outreach activities that families engage in will be noted on the progress notes in the family file.

Any family that has exited the program, but wishes reentry into the program, may contact the program manager. The Program Manager may permit the family to resume intensive services based on the caseload of the FSW staff. All efforts will be made to accommodate them.

The program defines, measures, analyzes and addresses how it might increase its retention rate of parents in the program in a consistent manner and on a regular basis.

The Program Manager will receive from the supervisors a monthly report that Outlines beach FSW staff caseload, location of caseload, type of service offered (weekly, bimonthly, monthly, quarterly), and length of retention in the program. Every six months this data will be analyzed to assess if at least 75% of families are receiving service for at least 12 months or longer.

The Program manager will conduct an analysis of the retention at least every year during the annual self assessment. This analysis will be comprehensive including who drops out of the program and why, in comparison to families who remain in the program. Both formal and informal methods will be utilized. Formal analysis will be conducted utilizing information from the statewide evaluation and cultural sensitivity review. Informal analysis will include local data review, discussions with staff, parent surveys, and others involved in program services. This analysis includes programmatic, demographic, social and other factors.

This analysis will be shared with the Board of Directors and the Health Advisory Board for input.

Based on the analysis, the UMCHS Healthy Start program will develop and implement a plan to increase the retention rate that addresses programmatic, demographic, social, and other factors, This plan will be developed by the Healthy Start supervisors and Program Manager with input from the Health Advisory Board.

The Improvement plan will include areas needing improvement, strategies for improvement, person responsible, implementation timeline, and documentation of completion. This plan will be done at the same time as the agency's self assessment which is completed by January 15 of each year. This plan will be filed at the Main Office with the agency's self assessment and also in the Healthy Start grant file.