Healthy Families Indiana

Strategic Plan

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Healthy Families Indiana Executive Summary

Modeled after the national Healthy Families America (HFA) initiative Healthy Families Indiana (HFI) is a community-based prevention program that seeks to improve the health and well-being of children and their families through provision of home visitation services.

Healthy Families Indiana began an initiative in January 1994 to implement small programs, strategically placed, in six counties across the state. As additional funding became available for local grantees, a major expansion occurred, so that by September 1998, services were being offered to families in all of Indiana's 92 counties. To support HFI programs, the state contracted with the Indiana University School of Nursing to develop and provide training and technical assistance. From the beginning, HFI identified a need for comprehensive program management system with the capacity to monitor staff activities, capture data fields, and generate reports required by multiple sources. These two systems are the foundation to comply with Healthy Families America 12 Critical Elements and meet the national credentialing standards. Indiana successfully completed the HFA Multi-site Credential and was awarded a statewide certification in 2003.

In collaboration with state agencies, the HFI Think Tank Advisory Committee was established in 1993 to enhance administrative over site of the program. Under the Think Tank, an Operations Committee and work groups were formed to bring issues from the field for review and consideration. The roles and responsibilities of the Think Tank, Operations Committee, and work groups are identified in the enclosed 2007 HFI Strategic Plan.

The Operations Committee authored the "2007 HFI Strategic Plan" to assure compliance with HFA credentialing time frames and provide guidance at the state and local level. Soon Indiana will be engaged in renewal of the four year credential 2007-2011. The Operations Committee will forward the recommended plan to the Think Tank who will request final approval from the Department of Child Services.

Healthy Families Indiana
A Vision for Indiana Families…

"Indiana will view children and families as the highest priority."

The Indiana Department of Child Services established a vision for Indiana that the state will "view children and families as the highest priority." In keeping with the statewide vision, the Healthy Families Indiana Think Tank, a public/private partnership, developed its own vision for Indiana families. The Think Tank envisions a situation in which Indiana implements a comprehensive program of home-based services for families in order to create an environment in which all children and families have the opportunity to reach their highest potential.

Assumptions Underlying The Healthy Families Indiana Vision

- Parents are responsible for their children.
- Families have strengths that need to be recognized.
- When services are delivered, families should be actively involved in decisions that affect their lives.
- Service systems should be available to intervene early and should be preventive in order to avoid family crisis.
- Successful Healthy Families programs are locally driven, collaborative in nature and build on and strengthen existing and new partnerships.
- Program accountability is linked to results and continuous improvement.

The Mission of Healthy Families Indiana

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 the Healthy Families Indiana statewide system.

A description of the HFI advisory board structure and purpose including the groups listed below follows:

1. **Prevention of negative outcomes:**

   Participating families will demonstrate lower incidence of low birth weight babies and birth complications, less substance abuse, fewer inappropriate and unnecessary out-of-home placements of children, less criminal activity in future generations, and lower incidence of child abuse and neglect than nonparticipating families.

2. **Increase in parenting skills/behaviors:**

   Participating families will demonstrate an increase in parenting knowledge and skills, positive parenting behaviors, high parenting self-esteem, and positive family interaction.

3. **Increase in healthy pregnancy practices:**

   Participating families will practice healthy behaviors during pregnancy and will consciously consider healthy family planning practices.

4. **Increase in ongoing health care practices:**

   Participating families will establish a medical home, will complete immunizations on a recommended schedule, and will participate in well-child visits at a higher rate than nonparticipating families.

5. **Increase in mental health indicators:**

   Participating families will demonstrate increases in positive mental health indicators, self-esteem, and stress management skills.

6. **Increase in social support systems:**

   Participating families will use formal and informal support systems more effectively and appropriately and will provide more support to others as appropriate than nonparticipating families.

7. **Improvement of family environmental factors:**

   Participating families will become more economically self-sufficient and will use more family resource management skill (including budgeting and financial decision-making) than nonparticipating families.

As some of these outcomes indicate, the HFI Think Tank believes delivery of comprehensive services to Indiana families results not only in short-term benefits, but also can lead to far-reaching positive results over the long term such as: a reduction in domestic violence, a reduction in child abuse and neglect, an increase in the number of children entering school ready to learn, a reduction in public expenditures for intervention and treatment, a reduction in the need for out of home placement, reduced rates of juvenile crime, improved employment rates, and improvements in child health indicators.

Guiding Principles for Healthy Families Indiana

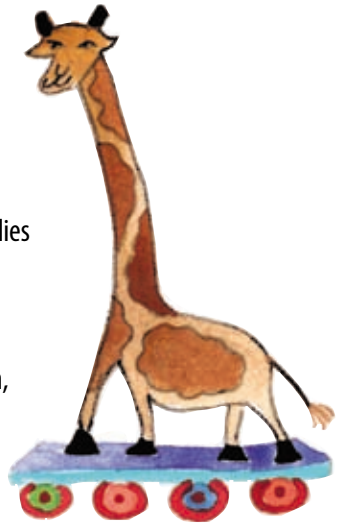
Based on Healthy Families America national guidelines, the following fourteen guiding principles for the development and implementation of Healthy Families Indiana have been adopted:

A. The Healthy Families Indiana Program is:

1. Voluntary, family-centered, home-based and inclusive of all family members
2. Integrated, collaborative, and relevant to the community served by the program
3. Culturally competent and relevant to the families' values
4. Part of a continuum of services to families in which the family is the primary decision-maker
5. Easily accessible and delivered in locally based settings
6. Designed to meet the unique needs of families and communities
7. Evaluated on a core set of data
8. Fiscally and programmatically accountable

B. Healthy Families Indiana services are:

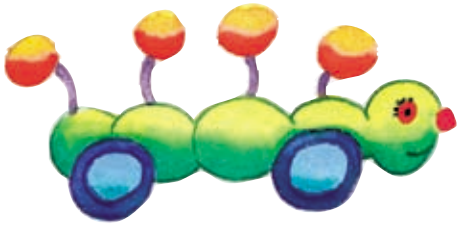
1. Delivered in a manner that builds upon the strengths of each family
2. Provided by qualified, trained staff and supervisors
3. Comprehensive, intensive, and long-term, based on the needs of the families
4. Offered to parents in high-risk situations who may participate on a voluntary basis.
5. Focused on supporting parents and on enhancing parent-child interaction, child health, and child development
6. Inclusive of linkages to the health care, social services and education systems



Critical Elements

The Healthy Families America approach includes a series of service elements that have been identified through research as associated with desirable family outcomes. These are known as the "Critical Elements". All Healthy Families Indiana program sites are required to model the following "Critical Elements" for effective home visitor services to comply with national standards. These standards will be monitored yearly through the HFA Self Assessment Forms completed by each site and reviewed nationally for compliance.

Critical Elements



1. Initiate services prenatally or a birth.
2. Use a standardized (i.e., in a consistent way for all families) assessment tool to systematically identify families who are most in need of services. This tool should assess the presence of various factors associated with increased risk for negative childhood outcomes (i.e. social isolation, substance abuse, and parental history of abuse in childhood.
3. State clearly that families' participation is voluntary and use positive, persistent outreach efforts to build family trust.
4. Offer services intensely (i.e., at least once a week) with well-defined criteria for increasing or decreasing intensity of service over the long term (i.e., three to five years).
5. Services should be culturally competent in order that staff understands, acknowledges, and respects cultural differences among participants. Materials used should reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.
6. Services should focus on supporting the parent 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 timely immunizations and well-child care. Depending on a family's needs, it 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 to meet their varying needs and to plan for future activities (i.e., for most communities, no more than 15 families per home visitor on the most intensive service level. For some communities, the number may need to be significantly lower (e.g., less than 10).
9. Service providers should be selected because of their personal characteristics (i.e., non-judgmental, compassionate, ability to establish a trusting relationship, etc.), their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.
10. Service providers should have a framework, based on education or experience for handling the variety of experiences they may encounter when working with at-risk families. All service providers should receive basic training in areas such as: cultural competency, substance abuse, reporting child abuse, domestic violence, drug-exposed infants, and exiting 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. These should include, but are not limited to: identifying at-risk assessment, offering services and making referrals, utilizing creative outreach efforts, establishing and maintaining trust with families, building upon family strengths, developing a 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 frustration so that they can see that they are making a difference in order to avoid stress-related burnout. Addendum A

Indiana Strategic Action Plan

Goal I Program Design:

To maintain and adapt the statewide Healthy Families program to support the prevention component of the Department of Child Services.

Goal II Funding Partnerships:

To establish a stable funding base for Healthy Families Indiana comprised of public/private partnerships at the state level and within communities.

Goal III Quality of Services:

To assure effective, comprehensive and consistently high-quality Healthy Families Indiana services through statewide competency-based training, technical assistance, and formal process and outcome evaluation practices.

Indiana Strategic Action Plan

Goal I Program Design

To maintain and adapt the statewide Healthy Families program to support the prevention component of the Department of Child Services.

Objective A: Within two years of application, all HFI sites, existing and new, that have been in operation for at least one year, meet the criteria for HFA credentialing or will have a plan of action to do so.

Strategies:

1. Annually, each HFI completes a service review.
2. Annually, a state review team reviews site service reviews and makes recommendations for site growth and improvement.
3. Sites develop a plan of action to respond to the recommendations of the state review team in order to move to compliance.

Objective B: HFI continues to enhance and expand partnerships with local communities in all 92 counties.

Strategies:

1. HFI uses indicators established by HFA and DCS to determine site selection:
   a. All HFI programs begin with a comprehensive needs assessment to identify the size of the target population, the capacity of current services to address the needs of the population and the relevant advocates needed to create a fully operational and funded HFI initiative.
   b. Sites demonstrate competence in the process of identification and assessment of families utilizing HFI standardized tools.
   c. Programs serve new parents through existing home visiting services and other support programs already operating in the community.
2. When services cannot be continued by existing HFI sites, DCS offers an open bid process to existing HFI sites to assume operations. Applications are reviewed and approved by DCS.

Objective C: Annually, all sites evaluate and affirm a plan for offering alternatives to families who cannot be accommodated by or who decline the home visiting program.

Strategies:

1. A subcommittee is formed to develop strategies to guide sites for assessment and offering of services when their programs are at capacity.
2. Sites develop ongoing relationships within their communities in order to have alternative resources for families who cannot be accommodated.

Objective D: All sites develop local, working partnerships with WIC, DCS, Headstart, Early Headstart, health departments, schools, clinics, hospitals, etc.

Strategies:

1. Sites build on state agreements between WIC, Hospital Association, DCS, etc. And HFI to ensure that appropriate families are referred for assessment to local HFI sites.
2. Sites provide appropriate feedback to partners regarding referrals.

3. Sites provide informational training regarding Healthy Families to local partners as needed.
4. Sites develop working relationships with DCS.
5. Sites maintain knowledge of state reporting laws regarding child abuse and neglect as well as local requirements.

Goal II Funding Partnerships

To establish a stable funding base for Healthy Families Indiana, comprised of public/private partnerships at the state level and within communities.

Objective A: The Healthy Families Indiana Think Tank Advisory Committee, in conjunction with the Department of Child Services, develop short and long range funding strategies on an annual basis.

Strategies:
1. The Funding Work Group of the Think Tank Advisory Committee identifies sources of funding at all levels, federal, state, local and private for Healthy Families Indiana.
2. DCS provides fiscal information and support for Healthy Families administrators as needed.
3. The Healthy Families Indiana Think Tank Advisory Committee and the DCS explore "fiscal" impacts on programmatic and policy changes.
4. Sites develop program strategies which promote economic development/work force development/Healthy economy concepts.

Objective B: The costs of training, CORE Advanced Training, Technical Assistance, and the Management Information System, is to be shared between the state and local levels.

Strategies:
1. HFI implements criteria for sharing HFI training costs between the state and local levels, including the costs of CORE and basic training for initial, expansion technical assistance, management information system and replacement HFI staff.
2. Healthy Families Indiana and HFI sites establish a cost sharing mechanism for HFI credentialing costs.

Goal III Quality of Services

To assure effective, comprehensive, and consistently high quality HFI services through statewide competency-based training, technical assistance and formal process and outcome evaluation practices.

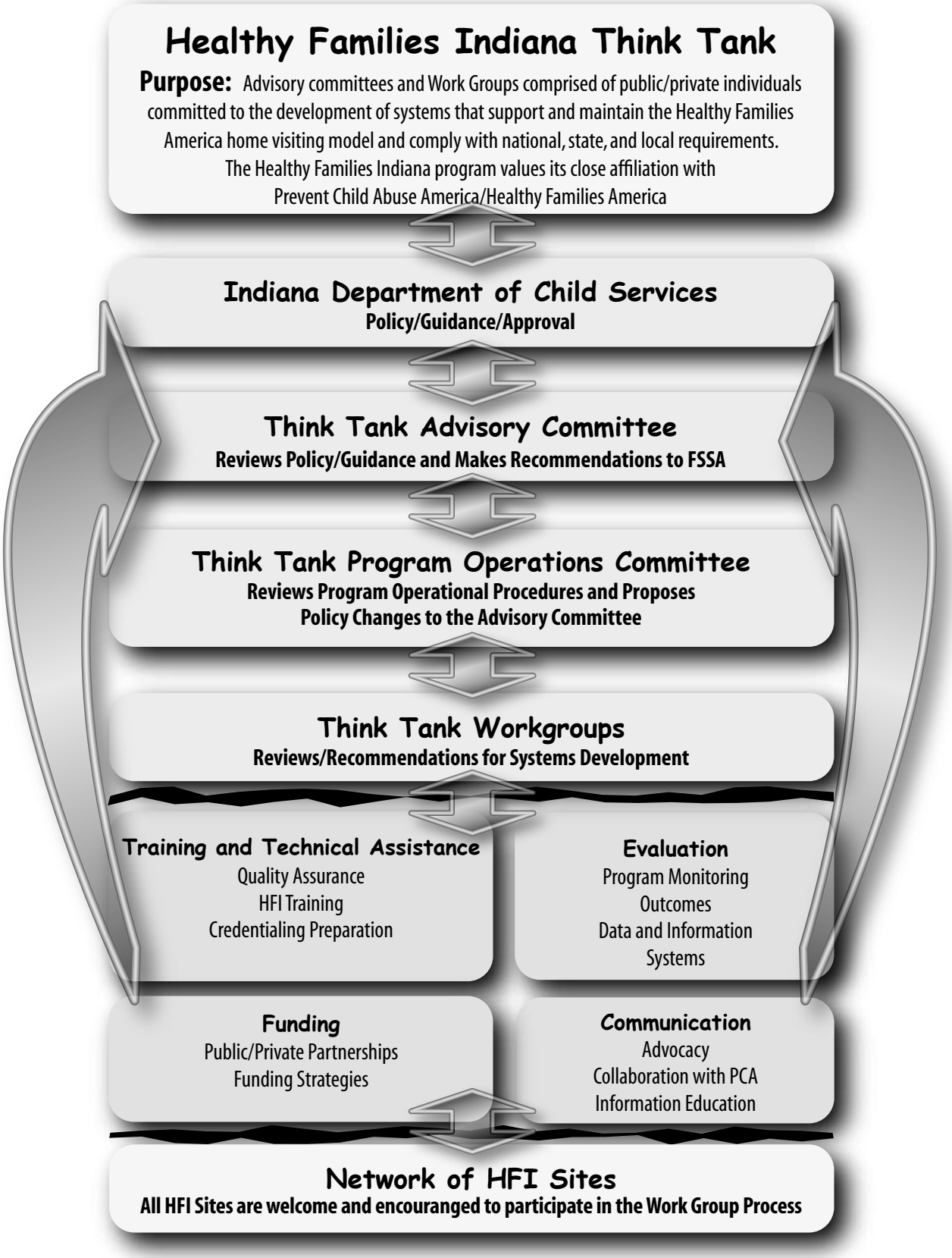
Objective A: Healthy Families Indiana identifies staff raining requirements and provides them to all HFI program site.

Strategies:
1. All HFI staff must complete the appropriate CORE training.
2. HFI maintains guidelines to assist sites in providing basic service training locally to meet HFA credentialing requirements.

Objective B: The HFI Think Tank Advisory Committee reviews/reports the aspects of the HFI program which have been most successful and those which have not been successful and make recommendations for program improvements, modifications and future directions.

Strategies:

1. The HFI Operations Committee supports and/or facilitates levels of continuous data collection and evaluation to monitor the program's impact and facilitate program improvements.
2. HFI designs and implements a "Quarterly Assurance System" for HFI sites.


Healthy Families Indiana Think Tank
Purpose: Advisory committees and Work Groups comprised of public/private individuals committed to the development of systems that support and maintain the Healthy Families America home visiting model and comply with national, state, and local requirements. The Healthy Families Indiana program values its close affiliation with Prevent Child Abuse America/Healthy Families America
Indiana Department of Child Services
Policy/Guidance/Approval
Think Tank Advisory Committee
Reviews Policy/Guidance and Makes Recommendations to FSSA
Think Tank Program Operations Committee
Reviews Program Operational Procedures and Proposes Policy Changes to the Advisory Committee
Think Tank Workgroups
Reviews/Recommendations for Systems Development
Training and Technical Assistance
Quality Assurance
HFI Training
Credentialing Preparation
Evaluation
Program Monitoring
Outcomes
Data and Information Systems
Funding
Public/Private Partnerships
Funding Strategies
Communication
Advocacy
Collaboration with PCA
Information Education
Network of HFI Sites
All HFI Sites are welcome and encouranged to participate in the Work Group Process

Healthy Families Indiana (HFI) Advisory Board

A description of the HFI advisory board structure and purpose including the groups listed below follows:

Think Tank Advisory Group

Program Operations Committee

Training and Technical Assistance Work Group

Funding Work Group

Evaluation Work Group

Home Visiting Tracking Information System/Operating System (HVTIS/OS) Work Group

Funding Work Group (ad hoc)

HFI (Think Tank) Advisory Committee

Purpose:

To provide recommendations to the Indiana Department of Child Services (DCS) for the operation of the HFI home visiting program and to maintain and assure consistent, high-quality services for parents of the birthing population. The committee sustains and enhances public/private partnerships that support the HFI program.

Composition:

The "Think Tank" Advisory Committee consists of 9-11 members representing the diverse population of the state and its interests, as well as knowledge of or experience with prenatal or early intervention programs. Consideration is given to balance between urban and rural communities and to cultural diversity. Members are recommended by a nomination committee selected by the Think Tank Advisory Committee Chairperson. Vacant positions are filled through a nomination and selection process with a final vote by the full membership.

Process:

To provide recommendations to the Indiana Department of Child Services (DCS) for the operation of the HFI home visiting program and to maintain and assure consistent, high-quality services for parents of the birthing population. The committee sustains and enhances public/private partnerships that support the HFI program.

The Think Tank Advisory Committee reviews policy issues and makes recommendations to DCS from the following entities:

- Program Operations Committee (may also review the recommendations submitted for consensus of validity and program appropriateness by the work groups (listed below)
- Training and Technical Assistance Work Group (including the Quality Assurance Team)
- Evaluation Work Group
- Home Visiting Tracking & Information System/Operations System (HVTIS/OS) Work Group
- Funding Work Group
- HFI State Coordinator

To assure statewide communication the Think Tank Advisory Committee/Program Operations Committee refers finalized program changes and other relevant information that has had final approval to DCS. DCS posts the information on the website.

HFI Program Operations Committee

Purpose:

To review HFI program issue/policies submitted to the Program Operations Committee by Think Tank Work groups and other entities for validity and program appropriateness.

Composition:

The Program Operations Committee is comprised of 13 members selected by the Think Tank Advisory Committee. The committee reflects diverse populations, urban/rural communities, program knowledge and experience, and expertise as trainers, peer reviewers, and program managers. The committee selects co-chairs from the committee membership to service for two years (may be reappointed for succeeding terms). One co-chair serves on the Think Tank Advisory Committee, the other serves in the individual's absence.

Process:

The Program Operation Committee reviews assigned policy/issues submitted from the following entities and makes recommendations to the Think Tank Advisory Committee for DCS consideration and approval:

- Training and Technical Assistance (including Quality Assurance Team) Work Group
- Evaluation Work Group
- Home Visiting Tracking and Information System/Operations System (HVTIS/OS) Work Group
- HFI Ad Hoc Work Groups (appointed for specific tasks)
- HFI State Coordinator

HFI Training and Technical Assistance Work Group

Purpose:

To assure the provision of consistent quality training and quality assurance systematically for staff of all HFI sites under one HFI statewide network.

Composition:

Ten to twelve persons representing diverse HFI programs sites (geographic, HFI experience, size of staff and budget) and those providing training and quality assurance management meet on a quarterly basis. Meetings are open and additional persons are welcome.

Process (A):

- Issues are referred to work group chair in writing by anyone inside or outside HFI network
- Issues are disseminated in writing to work group members prior to regularly scheduled meetings
- Recommendations are forwarded to the Program Operations Committee for approval based upon consensus of work group members at meeting
- Recommendations are forwarded to Think Tank Advisory Committee for approval based upon consensus of Program Operations Committee
- Written recommendations are submitted by Think Tank Advisory Committee to DCS for approval using process that is consistent with all work groups
- Two individuals representing not-for-profit organizations
- Current work group membership solicits future membership

Process (B):

- Issues referred to work group
- Issues reviewed by work group members
- Issues for recommendation documented by the work group
- Recommendations forwarded to Program Operations Committee for consideration
- Recommendations forwarded to Think Tank Advisory Committee for consideration
- Think Tank Advisory Committee recommendations forwarded to DCS for approval

HFI Evaluation Work Group

Purpose:

To collect and review all HFI site evaluation materials and:

- Make recommendations to the Think Tank Advisory Committee concerning evaluation activity
- Develop guidelines and policies for what constitutes valid evaluation
- Review evaluation results
- Coordinate state and local HFI evaluations
- Oversee and review research activity to make policy and procedure recommendations concerning statewide data collection
- Make data collections available to the appropriate work group or special group

Composition:

- Statewide program evaluators
- DCS representative
- Chair of Evaluation Work Group
- HFI Central Site Contract Representative
- Datatude, Inc. representative
- Three to five HFI Site Representatives (three are involved in the statewide evaluation).
- Individual experienced in evaluation not contracted by any HFI site or employed by DCS for HFI Program activities

The ad hoc work group is comprised of a diverse team of community and state level individuals, from both public and private sectors that include rural, urban and culturally diverse representation. Participation in the work group is open to HFI sites statewide.

Process (A):

All evaluation funding issues are referred to the work group for review discussion and documentation for disposition.

- Issues referred to work group chair in writing by anyone inside or outside HFI network
- Issues disseminated in writing to work group members prior to scheduled meetings.
- Written recommendations submitted by the Think Tank to DCS for approval using process that is consistent with all work groups
- Work group chair or designee serves on the Think Tank Advisory Committee
- One representative from the three regional quality assurance (RDQA) staff employed by DATATUDE, Inc. to liaison with DATATUDE, Inc. and local HFI sites

Process (B):

- Local HFI sites and/or RDQA submit, in writing to HVTIS/OS chair, questions, concerns or requests for changes to HVTIS/OS
- Chair of HVTIS/OS work group calls meeting to discuss issues/requests, either by conference call or a group meeting (as needed-usually prior to a Program Operations Committee meeting).
- Work group dicusses whether changes to HVTIS/OS would benefit enirte HFI system and reviews alternative methods to obtain the information in HVTIS/OS (other than changing databas)
- RDQA relays viable request to DATATUDE, INc. for determination of cost benefit/value
- Request reviewed with Evaluation Work Group (EWG) if proposed changes risk altering current/future evaluation efforts
- EWG and DATATUDE, Inc. sign off on cost, value and impact
- EWG and DATATUDE, Inc. take recommendation(s) to Program Operations Committee

HFI Home Visiting Tracking and Information System/Operations System (HVTIS/OS) Work Group

Purpose:

To review request for database updates and make recommendations to the Program Operations Committee regarding changes to the HVTIS/OS data system. HVTIS/OS is a home visiting tracking information system developed and maintained by DATATUDE, In c. that provides electronic documentation of activities completed by Healthy Families staff. The database stores client demographics, home visiting data, direct and indirect staff activities, billing information and client status reports used for program management, program evaluation, billing and tracking. Pre-programmed reports assist local and state HFI staff in accessing data summaries needed to support programming, maintain credentialing and assist in program management. The HVTIS/OS work group is the vehicle through which local sites can request changes to the database to meet local site and community needs.

Composition:

- Representatives from HFI sites who are knowledgeable regarding local needs and the capabilities of HVTIS/OS

HFI Funding Work Group (ad hoc)

Purpose:

Based on the assessment of local funding needs, this work group reviews, evaluates and makes funding recommendations to the Think Tank Advisory Committee and to state funders regarding available resources. The work group also provides recommendations for the annual update of the HFI Strategic Plan.

By consensus of the Program Operations Committee and recommendation of the Think Tank Advisory Committee, the Funding work group was converted to an ad hoc group in March 2007.

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