

**Burlington County Community Action Program (BCCAP)
Healthy Families-TIP Program**

**Annual Cultural Competency Review
Period Reviewed: March 1, 2009 – February 28, 2010**

Review Completed June 2010

The BCCAP Healthy Families Program believes in the importance of conducting an annual review of the program's cultural competency. Characteristics and needs of potential and current participants and program staff may change from year to year and it is essential that the program adapt to these changes. The program will review its services based upon the following four key areas.

1. Materials
 - a. Program Advertisement Materials
 - b. Assessment Materials
 - c. Home Visitation Materials
2. Trainings
 - a. Six Month Wraparound Trainings
 - b. Twelve Month Wraparound Trainings
 - c. Ongoing Professional Development
3. Service Delivery
 - a. Assessment Services
 - b. Service Population
 - c. Service Planning
 - d. Home Visitation
 - e. Supervision
4. Programmatic
 - a. Staff Turnover Rate

1. Materials

a. Program Advertisement:

The program has the ability to use four methods of program advertisement to inform the community of its services. Three versions are targeted towards families and one is targeted towards professional and community entities.

The first is produced by Prevent Child Abuse-New Jersey. It consists of a tri-fold design full color brochure, language that is written in no more than a 9th grade reading level, and images of parents and children of various ages and racial backgrounds. Specifically, the brochure contains the images of two African-American women and two children, one Caucasian woman and child, and one Hispanic man and child. This brochure is available in English and Spanish.

The second is a revised version of the Prevent Child Abuse-New Jersey brochure. The revisions include our specific program contact information and a different layout than the original. It consists of a tri-fold design brochure, language that is written in no more than a 9th grade reading level, and images of parents and children of various ages and racial backgrounds. Specifically, the brochure contains images of four African-American women and three children, a Caucasian woman, and a pregnant adolescent Caucasian woman. This brochure is available in English.

The third form is professional door hangers. The door hangers provide key information about the program and allow the staff member to indicate his/her name and phone number and what type of follow-up will be provided by the staff member or needed by the participant or potential participant. The door hanger displays a black and white photograph of a Caucasian baby's foot and a Caucasian adult's hand. This door hanger is available in English.

The fourth form of program advertisement is a flyer that is targeted towards professional and community entities. This flyer contains images of a Caucasian infant's foot and a Caucasian adult's hand, an African-American woman and child, and a Hispanic woman and child. This form is available in English.

b. Assessment:

During the assessment process the Family Assessment Worker (FAW) presents the potential participant with the Consent for Assessment Form. This form is available in both English and Spanish. This form displays the Healthy Families New Jersey logo. The FAW will also present the family with one of the tri-fold brochures.

c. Home Visitation:

First Home Visit: During the first home visit with a participant the Consent for Research and Confidentiality Form and the Participant Agreement and Family Rights Consent Form are

presented. Both forms are available in English and Spanish. The forms display the Healthy Families New Jersey logo.

Curriculum: The program utilizes five curriculum programs to assist the Family Support Workers (FSWs) in providing families with child development information, positive parent-child interaction activities and positive parenting practices. All curricula are written at a ninth grade or below reading level. The curricula are:

1. Parents As Teachers (PAT) 0-3years
2. Partners for a Healthy Baby (Prenatal – 36 months)
3. Healthy Families America: Great Beginnings Start Before Birth (Prenatal)
4. Learning Games (0 – 60 months)
5. Healthy Families San Angelo (0 – 60 months)

The PAT Curriculum is the program's primary curriculum. Current staff attended certification training on the curriculum January 28th – February 1st 2008 and March 8 – 12, 2010. The PAT Curriculum's Parent Handouts are available in English and Spanish. This curriculum is copy-righted. Only the Parent Handouts are allowed to be copied. Each home visitor must attend initial and follow-up trainings in order to be certified to use the curriculum. The Pat Curriculum also utilizes DVD vignettes available in English and Spanish.

The Partners for a Healthy Baby Curriculum is available for purchase in Spanish. Currently the program does not have this curriculum available in Spanish onsite. The curriculum displays color photographs of Caucasian, African-American, Hispanic and Asian babies and adults. This curriculum is copy-righted and is not allowed to be reproduced.

The Healthy Families America: Great Beginnings Start Before Birth Curriculum is available onsite in both English and Spanish. This curriculum displays the cartoon image of a Caucasian and African-American baby. This curriculum is allowed to be reproduced.

The Learning Games Curriculum is available onsite in both Spanish and English. The curriculum displays color photographs of Caucasian, African-American, Hispanic and Asian babies and adults. This curriculum is copy-righted and is not allowed to be reproduced.

The Healthy Families San Angelo Curriculum is available onsite in both English and Spanish. The curriculum also has a track for female babies and a track for male babies. The curriculum uses the appropriate gender terms when addressing the child, such as "his", "her", "he" and "she" in an effort to personalize the curriculum towards each child. This curriculum displays images of Caucasian and African-American babies. This curriculum is allowed to be reproduced.

Staff Input: Based upon the most recent staff satisfaction survey, staff either agreed or strongly agreed that the program has a variety of curricula to meet the needs of the families and that the program materials (videos, handouts, flyers, and brochures) represent the varying racial and ethnic backgrounds of the families.

Additionally, staff either agreed or strongly agreed that the program provides services to families in languages that they can speak and read.

Lastly, some staff recommended obtaining additional materials and videos for use during prenatal home visits, and a more frequent replenishment of PAT materials and books.

Comments: In June 2010, the program purchased an additional supply of PAT materials and supplies. During conversation with staff, they were specifically interested in videos regarding preparation for labor and delivery. In June 2010, the program purchased Discovery Channel's From Birth to Conception DVD.

Books: The program presents parents with children's books that are in both English and Spanish. The program has books available for children from ages 0 – 5 years old. The books display images of animals, objects and people of various races and ethnicities.

Videos: The program has a variety of videos in English and Spanish to assist the FSWs in providing child development, health and safety information, as well as the promotion of positive parent-child interaction and positive parenting practices. The videos display a variety of community settings, housing types, family types, races and ethnicities.

Other tools: The FSWs also have a variety of professional and parenting books available for his/her own use when developing home visit activities. The materials needed to conduct the activities are "everyday" materials that the participants may have in their own home. When needed, the FSW can bring materials from the office to assist the participant in completing the activity.

Each FSW has his/her own computer with access to the internet. FSWs are able to download and print information and materials that are available in a variety of languages, reading levels and that display a variety of racial and ethnic images.

Staff Input: Based upon the most recent staff satisfaction survey, staff either agreed or strongly agreed that the materials shared with families are interesting, easy to understand, and help to encourage positive parent-child relationships and problem solving skills.

Additionally, staff either agreed or strongly agreed that the program values a family-centered and strength-based approach to supporting families in achieving their goals.

Participant Input: In March 2010, 39 participants completed anonymous participant satisfaction surveys.

According to this survey, 39 participants either agreed or strongly agreed that the FSW brings parenting information that is easy to understand.

38 participants either agreed or strongly agreed that the information provided relates to their age group and 1 was uncertain.

32 participants either agreed or strongly agreed that the program uses pictures, videos, posters, and materials that remind them of their own family and cultural background. 1 family was uncertain and 1 family disagreed.

Comments: The results of the participant satisfaction survey were discussed with staff during a monthly staff meeting. During the course of discussion, the FSWs stated that they were not previously aware of any participants feeling unsatisfied with program materials. As a result, the FSWs will monitor more closely participant reactions to materials and will make the supervisor aware of any concerns they or the family may have.

2. Trainings

a. Six Month Wrap Around Trainings:

Within the first six months of employment all program staff are expected to be trained in key topic areas to assist the staff member in serving families. Some trainings are offered by PCA-NJ and PCA-A but may also be conducted by the program or other agencies so long as key areas are discussed and evidence of the training is documented.

The Six Month Wrap Around Training Topics are:

1. Confidentiality
2. Boundaries
3. Infant Care
 - a. sleeping
 - b. feeding/breast feeding
 - c. physical care of baby
 - d. crying and comforting the baby
4. Child Health and Safety
 - a. home safety
 - b. shaken baby syndrome
 - c. SIDS, seeking medical care
 - d. well child visits/immunizations
 - e. seeking appropriate child care
 - f. car seat safety
 - g. failure to thrive
5. Maternal and Family Health
 - a. family planning
 - b. nutrition
 - c. pre-natal/post-natal healthcare
 - d. pre-natal/post-partum depression
6. Infant and Child Development
 - a. language and literacy development
 - b. physical and emotional development
 - c. identifying developmental delays
 - d. brain development
7. Culture in parenting

- a. working with diverse cultures
- b. culture of poverty
- c. values clarification
- 8. Parent Child Interaction
 - a. supporting attachment
 - b. positive parenting strategies
 - c. discipline
 - d. parent child interactions
 - e. observing parent child interactions
 - f. strategies for working with difficult relationships

Comments: During the reporting period there were four full-time FSWs at the site. All four FSWs have completed the required trainings. However, none of the staff have completed the trainings within the required timeframes.

Current Program Management will continue to assure that all future employees complete the trainings within the appropriate timeframe by registering staff early for the trainings or by finding sufficient alternative training methods.

b. Twelve Month Wrap Around Trainings:

Within the first 12 months of employment all program staff are expected to be trained in key topic areas to assist the staff member in serving families. Some trainings are offered by PCA-NJ and PCA-A but may also be conducted by the program or other agencies so long as key areas are discussed and evidence of the training is documented.

The Twelve Month Wrap Around Training Topics are:

1. Child Abuse and Neglect Indicators and Reporting Requirements
2. Family Violence
 - a. indicators of family violence
 - b. dynamics of domestic violence
 - c. intervention protocols
 - d. strategies for working with families with family violence issues
 - e. referral resource for domestic violence
 - f. effects on children
 - g. gangs
3. Substance abuse
 - a. etiology of substance abuse
 - b. culture of drug use
 - c. strategies for working with families
 - d. smoking cessation
 - e. alcohol use/abuse
 - f. fetal alcohol syndrome
 - g. street drugs
 - h. referral resources for substance abuse
4. Staff related issues
 - a. stress and time management
 - b. burnout prevention

- c. personal safety of staff
- d. ethics
- e. crisis intervention
- f. emergency protocols
- 5. Family issues
 - a. life-skills management
 - b. engaging fathers
 - c. multigenerational families
 - d. teen parents
 - e. relationships
 - f. HIV/Aids
- 6. Mental Health
 - a. promotion of positive mental health
 - b. behavioral signs of mental health issues
 - c. referral resources

Comments: During the reporting period there were four full-time FSWs at the site. The FSWs are in the process of completing the required trainings.

Current Program Management will continue to assure that all future employees complete the trainings within the appropriate timeframe by registering staff early for the trainings. If a training is full, then the program will conduct the training onsite.

c. Ongoing Professional Development:

Staff are offered and encouraged to attend trainings throughout his/her course of employment. Trainings are offered to staff based upon programmatic needs as well as their own needs, areas of interest and concerns. This information is gathered during supervisory sessions, staff meetings or informal discussions.

From March 2009 – February 2010 the following trainings were attended by various staff members:

- What’s My Line: The Role of the Parent Educator with Breastfeeding & Families*
- Gang Awareness*
- PAT Vision & Hearing Screening Refresher
- Oral Health
- Autism Awareness*
- Early Intervention System*

* This training addresses a cultural need in our service population.

Staff Input: Based upon the most recent staff satisfaction survey staff either “agreed” or “strongly agreed” that the program offers trainings that are specific to the unique characteristics of the families being served and that the program offers trainings that assist the staff person in supporting the families.

Staff recommended the following topics for ongoing professional development:

- How to engage “quiet” families
- Time management
- Prenatal development and issues parent’s face during pregnancy
- Community resources
- Domestic violence
- Working with teenagers
- Mental health

Comments: Based upon the staffs’ recommendations the following actions have been taken:

- The staff member interested in prenatal development and issues faced during pregnancy attended the Great Beginnings Start Before Birth Training on June 9 – 10, 2010
- The program will invite community resources and agencies to monthly staff meetings.
- The program will either locate or conduct trainings on mental health and domestic violence.
- The program will provide feedback to PCA-NJ regarding offering time management, working with teenagers, and engagement techniques trainings that are specific to the FSW role.

3. Service Delivery

a. Assessment Services:

Target Population: The target population for Burlington Community Action Program Healthy Families-TIP Program (BCCAP HF-TIP) is any parent residing in Burlington County, NJ that is either pregnant or has a child under the age of three months old. In July 2008 the original Healthy Families Program merged with the existing TANF Initiative for Parents (TIP) Program. The merger resulted in the program extending the target population to also include any parent residing in Burlington County, NJ that has a child under the age of 12 months old, so long as the parent is receiving Temporary Assistance for Needy Families (TANF) and/or Emergency Assistance (EA).

Burlington County is the largest county in NJ and consists of 40 municipalities over 805 square miles. The County is known for its agricultural contributions. The Northern part of the County consists of mostly farm and suburban areas. The Southern most part of the county consists of mostly wooded areas.

In 2005, a total of 5,245 live births occurred in Burlington County.

The racial/ethnic breakdown consists of:

White, non-Hispanic:	3,630
Black, non-Hispanic:	847
Hispanic (of any race):	428
Asian/Pacific Islander, non-Hispanic:	312
Other Races, non-Hispanic	28

287 of the 5,245 live births were to adolescents between the ages of 15-19 years old.

The racial/ethnic breakdown consists of:

White, non-Hispanic:	132
Black, non-Hispanic:	109
Hispanic (of any race):	23
Asian/Pacific Islander, non-Hispanic:	exact figure unknown
Other Races, non-Hispanic	exact figure unknown

The municipalities with the highest birthrates (per 1,000 persons) were:

Pemberton Borough	19.8
Lumberton Township	17.0
Beverly City	15.9
Burlington City	15.8
Hainesport Township	15.5
Burlington Township	15.2

Families within the target population are served by three major hospitals. Virtua Memorial is located in the Northern/Central part of the County. Lourdes Medical Center's prenatal unit is located in adjacent Camden County and services the Western and Southern parts of the County as does Virtua West Jersey Hospital. Virtua Hospital also operates a Women's Health Center in the County. The Women's Health Center offers OB/GYN services. In addition, the Southern Jersey Family Medical Center, a community health center has two locations in the County. The target population is also served by the local Department of Health's many programs, including the Women, Infant, and Children (WIC) Program. In addition, the target population is also served by the Burlington County Board of Social Services which offers Temporary Assistance for Needy Families (TANF), Emergency Assistance (EA), and General Assistance (GA). Families receiving EA services are housed in either hotel/motel situations or by the two major transitional housing providers, Belmont Homes and People First. In addition, the Division of Youth and Family Services (DYFS) and an adolescent group home, Capable Adolescent Mothers (for pregnant/parenting adolescents in the DYFS system) serve the target population. .

Referrals and Screenings: Formal Memorandums of Agreements (MOAs) have been established with:

- Willingboro High School-Making Visions Possible (MVP) Program
- Burlington City High School-School Based Youth Services Program
- Project Teach Alternative School
- People First Transitional Housing Program

Belmont Homes Transitional Housing Program
Impact Ministries Women's Oasis Center's Transitional Housing Program
Southern Jersey Family Medical Center
Providence House – Domestic Violence Services

The program conducted 115 screens during the reporting period. 60% (69 screens) were conducted during the prenatal period. 40% (46 screens) were conducted during the postnatal period.

Referrals were provided by the following sources:

23% Board of Social Services and the Monthly TANF and GA lists.
35% Community based organizations.
18% Health clinics
10% Self-referrals
5% Hospitals
8% Child protective services
.5% Family member
.5% Mental health provider

Assessments: The program conducted 88 assessments during the reporting period. 60% of all assessments were completed either prenatally or within 2 weeks of the birth of the baby. 80 of the positive assessments were offered services. 81% of them accepted services.

Comments: One participant was determined to not be in need of services by the program. Fourteen participants were unable to be located after the assessment. These individuals were marked as “refused services - other” in the data entry system because a category does not currently exist for this reason.

b. Service Population:

In February 2010 the service population (58 families) of BCCAP Healthy Families-TIP was comprised of the following characteristics:

AGE:

The majority of the service population is between the ages of 20-30 years old.

10% of the participants were under 18 years old
10% of the participants were between the ages of 18 – 19 years old.
64% of the participants were between the ages of 20 – 30 years old.
16% of the participants were between the ages of 30 – 41 years old.
The youngest participant was 16 years old and the oldest was 41 years old.

RACE:

The majority of the service population identify their race as Black.

- 48% of the participants identified themselves as Black.
- 34% of the participants identified themselves as White.
- 9% of the participants identified themselves as Hispanic.
- 9% of the participants identified themselves as Multi-Racial.

MARITAL STATUS:

The majority of the service population are single, never married, and not living with their partner.

- 66% of the participants reported that they were single and never married.
- 17% of the participants reported that they were living together with their partner, but not married.
- 9% of the participants reported they were married for the first time.
- 3% of the participants reported they were separated.
- 5% of the participants reported they were divorced.

EDUCATION:

The majority of the service population have either completed high school or received a GED.

- 3% of the participants reported that 9th grade was the highest level of education completed.
- 14% of the participants reported that 10th grade was the highest level of education completed.
- 21% of the participants reported that 11th grade was the highest level of education completed.
- 2% of the participants reported that 12th grade was the highest level of education completed.
- 34% of the participants reported that they received a high school diploma or GED
- 24% of the participants reported that they received some post high school training or some college.
- 2% of the participants reported that they received a bachelor's degree.

CONTINUING EDUCATION:

- 22% reported that they were currently attending school/educational classes

PRIMARY LANGUAGE:

- 100% of the participants reported that English is their primary language.

HOUSING:

The majority of the service population report that they rent a home, apartment, or trailer.

3% of the participants reported that they own a home, apartment or trailer.

35% of the participants reported that they rent a home, apartment or trailer.

19% of the participants reported that they live with family and do not pay rent.

10% of the participants reported that they live with family and pay rent.

5% of the participants reported that they are a guest in someone else's home and do not pay rent.

2% of the participants reported that they live with friends and pay rent.

26% of the participants reported that they live in a shelter or group home, which includes motels or hotels.

Burlington County is home to many hotels and motels that provide low income residents temporary housing. Also, many hotels and motels are contracted with the county government to offer emergency housing placements.

RELIGION:

10% of the participants identified themselves as Catholic.

38% of the participants identified themselves as Protestant.

9% of the participants identified themselves as Christianity-other.

3% of the participants identified themselves as nonreligious/secular.

40% (23 participants) religious identity was unknown at the time.

HOUSEHOLD INCOME LEVEL:

The majority of the service population reports a yearly income of \$5,000 and under.

62% of the participants' income was \$5,000 and under.

9% of the participants' income was between \$5,000 - \$9,999.

5% of the participants' income was between \$10,000 - \$14,999.

2% of the participants' income was between \$15,000 - \$19,999.

5% of the participants' income was between \$20,000 - \$24,999.

3% of the participants' income was between \$25,000 - \$29,999.

2% of the participants' income was between \$30,000 - \$39,999.

3% of the participants' income was between \$40,000 - \$49,999.

2% of the participants' income was between \$50,000 and over.

7% (4 participants) income status was unknown at this time.

NUMBER OF CHILDREN IN THE HOME (OTHER THAN TARGET CHILD/REN):

The majority of the service population has no other biological children living in the home at the time of intake.

55% reported having 0 other children in the home.

22% reported having 1 other child in the home.

12% reported having 2 other children in the home.

11% reported having 3 or more children in the home.

GEOGRAPHICAL AREA: (of the 116 participants active during the reporting period)

Bordentown	1 participant	Medford	2 participants
Browns Mills	8 participants	<i>Mt. Holly</i>	<i>15 participants</i>
<i>Burlington</i>	<i>24 participants</i>	Mt. Laurel	3 participants
Cinnaminson	2 participants	North Hanover	1 participant
Delanco	2 participants	Palmayra	3 participants
Delran	6 participants	Pemberton	4 participants
Eastampton	1 participant	Riverside	2 participants
Edgewater Park	5 participants	Roebing	4 participants
Florence	1 participant	Southampton	1 participant
Hainesport	1 participant	Tuckerton	1 participant
Lumberton	1 participant	Westampton	2 participants
Maple Shade	3 participants	<i>Willingboro</i>	<i>22 participants</i>
Marlton	1 participant	Wrightstown	1 participant
		Unknown	1 participant

PUBLIC AID: (of the 116 participants active during the reporting period)

52% reported receiving TANF
88% reported receiving Medicaid
82% reported receiving WIC

FIRST TIME PARENT: (of the 116 participants active during the reporting period)

60% reported that they were a first time parent.

Of the 61 families active in February 2010

7% reported experiencing domestic violence.
8% reported experiencing domestic violence and mental health issues.
3% reported experiencing domestic violence and substance abuse issues.
8% reported experiencing domestic violence, mental health, and substance abuse issues.

21% reported experiencing mental health issues.
3% reported experiencing mental health and substance abuse issues.

13% reported experiencing substance abuse issues.

FSC SCORE: (of the 65 participants that were offered services and accepted services during the reporting period)

1% had a score of 5	11% had a score of 40
0% had a score of 10	12% had a score of 45
5% had a score of 15	9% had a score of 50
6% had a score of 20	11% had a score of 55
8% had a score of 25	11% had a score of 60
8% had a score of 30	3% had a score of 65
14% had a score of 35	1% had a score of 70 or above

Comments: According to the 2005-2007 Census Estimates for Burlington County; 78.4% of the population identified themselves as White, 15.1% as Black or African American. Within the current service population, 34% of the participants identify themselves as White and 48% of the participants identify themselves as Black.

The White population is under represented within the service population and the Black population is over represented within the service population.

In effort to determine a possible reason for this variance the program determined that the majority of the participants that were served between 3/1/2009–2/28/2010 resided in Burlington, Willingboro, and Mt. Holly Townships. The program researched the 2005-2007 Census Estimates for Burlington County to determine if the Black/African American population was higher than the White population in any of these three townships.

In Burlington Township, 25.6% of the population identified themselves as Black or African American and 63.5% of the population identified themselves as White. These statistics do not support the theory that the Black/African American population is over represented in this township.

In Willingboro Township, 71.1% of the population identified themselves as Black or African American and 17.1% of the population identified themselves as White. These statistics could possibly be a factor for the over representation of the Black/African American population in the service population.

In Mt. Holly Township, 21.6% of the population identified themselves as Black or African American and 68.7% of the population identified themselves as White. These statistics do not support the theory that the Black/African American population is over represented in this township.

In addition, Burlington, Willingboro, and Mt. Holly Townships are home to the majority of transitional housing units in the County. The program reviewed the housing status of the Black/African American service population residing in these townships.

Burlington: 9 participants (37%) out of the 24 residing in Burlington Township were Black/African American and residing in transitional housing.

Willingboro: 5 participants (22%) out of the 22 residing in Willingboro Township were Black/African American and residing in transitional housing.

Mt. Holly: 1 participant (6%) out of the 15 residing in Mt. Holly Township were Black/African American and residing in transitional housing.

Based upon the above research, the program is unable to make a clear determination as to why the Black/African American population is over represented in the service population.

c. Service Planning:

The Program Supervisor considers ethnic, racial, linguistic, demographic, and other cultural factors when overseeing FSW and participant interaction. The Program Supervisor takes into consideration the following characteristics when assigning a FSW to a participant:

- The experience the staff member has had working within particular areas (i.e. working with developmentally or physically challenged, teenage/older parents, experience with preemies)
- The staff member's current case weight
- The strengths and concerns identified by the family and FAW during the assessment
- The race/ethnicity of the staff member. The program will ensure that staff members understand and respect individual family's beliefs through discussion with the program supervisor, and/or director, as well as with the family. Research tells us that participants who share race or ethnic identity with their FSW remain in services longer. Race matching however is not a primary factor in assigning FSWs, but is considered.
- Linguistic: to ensure that the FSW is aware and able to speak the family's first language.

The above information is determined either through informal and formal discussions with the family and staff member. As well as through the demographic information collected on the family from the screen and assessment process.

The Program Supervisor conducts the following when overseeing ongoing participant and FSW interactions:

- Shadow 3 home visits in a 12 month calendar year for new employees. Verbal and written feedback will be provided. Additional shadowed home visits will be conducted if necessary.
- After the first year of employment, each FSW will be shadowed 2 times in a 12 month calendar year and provided with verbal and written feedback. Additional shadowed home visits will be conducted if necessary.

- The Program Supervisor will conduct supervision with each FSW once a week for an hour and a half. During this time staff members are encouraged to discuss any job related or personal issues. The Supervisor and Family Support Worker will discuss any issues regarding ethnic, cultural or linguistic issues. If any training is required or requested the Program Supervisor will discuss it with the Program Director.

Staff Demographics: The staff at BCCAP HF mirrors the service population in areas such as race, ethnicity, gender, educational level, county of residence and housing situations. See attached Staff Demographics Summary.

Comments: The staff is currently unable to serve any Hispanic residents whose primary language is Spanish. The program plans to address this through the following means:

When a direct service staff vacancy occurs, the program will hire a bilingual (Spanish/English) individual. Or if funding can be secured through additional grants, the program will hire an additional bilingual direct service staff person.

- The program will utilize local community resources and refer any families whose primary language is Spanish to the appropriate persons within that agency. One such agency is Servicios Latino de Burlington County – a local Hispanic advocacy group that provides translation services, supports and linkages.
- BCCAP has developed a Home Language Line for any customers that seek services from the agency. A Healthy Families staff member can provide the family with the phone number of a person identified by the agency. The individual can also provide translation services via a conference call or an in person meeting.

Participant Input: In March 2010, 39 participants completed anonymous participant satisfaction surveys.

39 participants either agreed or strongly agreed that the FSW is respectful and understands their culture or way of living, even though it may be different from his/hers.

38 participants either agreed or strongly agreed that staff members are non-judgmental. 1 disagreed.

38 participants either agreed or strongly agreed that they feel comfortable and accepted by the staff members. 1 disagreed.

38 participants either agreed or strongly agreed that the FSW knows how to say important things in their language so that they can speak easily with each other. 1 participant disagreed.

39 participants either agreed or strongly agreed that the FSW understands and respects their family's expectations for their child's development.

d. Home Visitation:

Retention Rate: The program reviews participant retention rates on an annual basis to determine if any patterns exist regarding what types of participants leave the program and at what point in services. The program recently reviewed the participant retention rate of families enrolled between 7/1/2008 and 6/30/2009 at the 6 month interval.

At the 6 month interval, 45% (25 families) remained in the program. The following is a summary of demographic, programmatic, and other characteristics of the 55% (31) families that ended services:

Demographic:

65% of the families were between the ages of 20 – 30 years old.
61% of the families identified themselves as black.
81% were single, never married.
32% had a high school diploma.
42% were unemployed but looking for employment.
42% were unemployed, not looking for employment.
100% spoke English as their primary language.
68% had a household income of \$5,000 or less.
19% had an assessment score of 35.
16% had an assessment score of 40.
16% had an assessment score of 45.

Termination Reasons:

75% were unable to locate after creative outreach efforts.
13% MOB returned to work and did not have time available to participate.
3%: TC entered full time daycare and did not have time available to participate.
3%: Refused a change in FSW.
3%: Refused to continue with services.
3%: TC no longer resides in the home.

Programmatic:

FSW 025: 13% (4 families)
FSW 026: 13% (4 families)
FSW 027: 32% (10 families)
FSW 029: 42% (13 families)

Termination Reasons per FSW:

FSW 025 (4 families)

3 were unable to locate after creative outreach efforts.
1 refused a change in FSW.

FSW 026 (4 families)

3 were unable to locate after creative outreach efforts.
1 MOB returned to work and did not have time available to participate.

FSW 027 (10 families)

5 were unable to locate after creative outreach efforts.

3 MOB returned to work and did not have time available to participate.

1 TC entered full time daycare and did not have time available to participate.

1 TC no longer resides in the home.

FSW 029 (13 families)

12 were unable to locate after creative outreach efforts.

1 Refused to continue with services.

Comparison to Families that Remained in the Program:**Age:**

More participants under the age of 18 years old left the program than remained
(13% compared to 8%)

More participants between the ages of 20 to 30 years old left the program than remained.
(65% compared to 52%)

Race:

More Black participants left the program than remained.
(61% compared to 48%)

More Hispanic participants left the program than remained.
(10% compared to 4%)

Marital Status:

More couples living together but not married left the program than remained.
(10% compared to 8%)

Education:

More participants with a 10th grade education left the program than remained.
(16% compared to 8%)

More participants with a 11th grade education left the program than remained:
23% compared to 20%)

More participants with a high school diploma left the program than remained.
(32% compared to 28%)

More participants with post high school training/some college left the program than remained.
23% compared to 16%)

Employment:

More participants who were unemployed but looking left the program than remained.
(42% compared to 32%)

More participants who were unemployed but not looking left the program than remained.
(42% compared to 32%)

Household Income:

Most participants reporting a household income of \$5,000 or less remained in the program than left the program.
(88% retained compared to 68% that ended services)

Assessment Score:

More participants with a score of 40 left the program than remained.
(16% compared to 8%)

More participants with a score of 45 left the program than remained.
(16% compared to 4%)

More participants with a score of 50 left the program than remained.
(10% compared to 0%)

Staff Input:

Program staff noted that the most common termination reason was that the family was unable to locate after creative outreach efforts. In an effort to improve the retention rate, the staff developed a systematic approach to re-engaging families. This approach uses positive and consistent methods of outreach. In addition, it allows for the FSW to utilize positive outreach methods based upon the unique characteristics of the family. For example, if the family had previously indicated an interest in a list of food banks, the FSW can mail information and a request to contact the program. Curricula or notices on community events can also be mailed. The FSWs also indicated that the referring agency or a partner agency where a consent to share information is in place will also be used in an effort to obtain updated contact information for the family. This approach is outlined in the policy BCCAP HF-TIP Internal Policy and Procedure: Creative Outreach.

e. Supervision:

The Program Supervisor takes into account the cultural characteristics of families and the unique characteristics of the staff person during supervisory sessions. During supervision the Program Supervisor encourages staff to discuss any job related or personal issues in addition to discussing specific details regarding each participant and progress. Suggestions are provided for dealing with challenging families and creative ways to implement curriculum based upon the family's unique needs and/or cultural characteristics.

4. Programmatic

Staff Turnover Rate: The program adheres to the Healthy Families New Jersey Policy on Staff Turnover Rate. The program measures the staff turnover rate on an annual basis and presents the results and analysis to the Advisory Board.

In accordance to the Healthy Families New Jersey Policy the staff turnover rate is calculated by taking the total number of employees that were terminated during a one year period and dividing it by the number of all employees employed during that same year.

Employed Between 03/01/2009 – 2/28/2010

POSITION	DATE OF HIRE	DATE OF TERMINATION	REASON FOR TERMINATION
Program Director	2/20/05		
Program Supervisor	06/04/07		
Family Support Worker	1/24/05		
Family Support Worker	05/25/06	6/11/2009	Violation of agency policy
Family Support Worker	05/21/07		
Family Support Worker	10/15/07		
Family Support Worker	8/23/06	7/7/2009	Medical reasons
Family Support Worker	7/21/2009		
Family Support Worker	8/3/2009		

2/9 = 22% staff turnover rate.

Participant Input: In March 2010, 39 participants completed anonymous participant satisfaction surveys.

38 participants either agreed or strongly agreed that the FSW spends enough time with them. 1 participant did not provide a response.

36 participants either agreed or strongly agreed that the program has helped them. 1 disagreed and 2 did not provide a response.

39 either agreed or strongly agreed that the FSW frequently speaks with them about their child, parenting, health, and development.

38 either agreed or strongly agreed that the program gives them opportunities to share their feelings about the program and services. 1 participant did not provide a response.

Additionally, participants “agreed” or “strongly agreed” that the following areas of their life have improved since beginning the program:

Ability to solve problems	36
My ability to cope with problems and stress	36
Taking care of my child(ren)	39
More patience with my child(ren)	31
Getting a job	25
My happiness	37
Controlling my temper	36
My relationship with my husband/ boyfriend/ partner	29
My living situation	31
Going back to school	28
The health of my child(ren)	37
My understanding of child development and parenting	38
The health care of myself	35

Comments: Overall participants feel that the FSWs spend enough time with them and that the program has helped them in various ways. In addition, the program offers two ways for participants to express their feelings about the program and services. A Participant Grievance Form is provided to families. This form can be completed anonymously if desired. Secondly, the Healthy Families Advisory Board is open for past or present participants to attend and participate as members of.

End of Cultural Competency Review