

In this Issue *Increasing Program Capacity - Stories from the Field*

Ellen Butowsky, PCANY

In 2014, we added a performance indicator called Capacity, with the goal of ensuring even more New York State families could be reached and enrolled in our home visiting services. Since then, programs have risen to the challenge to meet and often exceed this performance indicator, set at 85%. We asked members of several programs from different parts of the state to tell their stories. We hope their approaches, strategies and creativity will spark ideas for you to try in your own programs and communities. Feel free to reach out to them if you want to learn more!



Healthy Families Oneida County, Donna Migliaccio, Program Manager

We call this story, “Oneida’s Rise to the Requirement...and Beyond.” Our tale of how Healthy Families Oneida County met the minimum capacity requirement, maintained it, and then surpassed it! Our story might be a little bit different than others. Three years ago our host agency changed, leaving many things up in the air and bringing a significant number of changes – some of them welcomed, some not. One constant was the HFNY minimum program capacity performance indicator of 85%. We knew this number existed but it seemed unattainable, given the variety of tasks and requirements on our plates.

We decided to not only embrace the changes being made around us, but to use them to our advantage. The first step we took was to give the community a chance to see that Healthy Families was ever-present here in Oneida and get the word out to those who’d never heard of it. We called it “The Rebirth of Healthy Families Oneida County.” We started small with an in-service at a Kids Oneida agency-wide staff meeting. This allowed for staff within our own host agency to learn exactly what Healthy Families is all about and how easy it is to make a referral. This launched more opportunities to use word of mouth promotion with a broader array of advocates.

We met with referral sources, advisory board members, and other community agencies to allow them the opportunity to provide feedback on how to improve the program. This strengthened our relationships with these individuals because they felt empowered knowing their concerns were going to be heard - and they were. We took their information and used it to make changes that ultimately benefitted the program and our provision of services. A suggestion as simple as, ‘please keep your survey to a half-sheet’, ended up yielding more screens. We

held an open house at Kids Oneida to offer a presentation on the program and a chance for a meet and greet with staff. This was a great opportunity for community members to get more detailed information about the program (such as statistics taken from the HFNY website) that resonated with them and their respective roles. We had several nurses comment on how they were unaware that Healthy Families was evidence-based and that we have the statistics to prove it.

We utilized our Prevent Child Abuse NY Quality Assurance visits and Office of Children and Families Services site visits to provide us with support specifically tailored to the struggles we were facing. The input we received from these visits guided us to look at the Management Information System to analyze issues such as time frames from screen to enrollment. Because of a strong relationship made with a social worker at the local hospital, we now have many instances in which the assessment is completed the same day as the referral. This also allowed the family to be introduced to the family assessment worker directly by the referral source. We have found that this is strongly related to relationship building and engagement in our services.

We have a pleasant and unique working space that allows us to showcase visual aids throughout our area. We created a chart on a whiteboard we use to track our capacity in a visual way so everyone knows where we are in relation to our goals. We call it the “Tommy Thermometer” in homage to OCFCS Program Contract Manager Tom Dwyer; he has been a strong supporter and major cheerleader during our climb. The Tommy Thermometer has been on the rise, but this is one fever we don’t want to go away!

After the initial “rebirthing phase,” we focused on follow-up, follow-through, and maintaining the relationships we worked so

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**Bernadette Johnson,
Assistant Director, Program and Community
Development, Office of Children and Family
Services**

Happy Summer Everyone!

Summer is always a time of rejuvenation for me, and I hope it is for you too. It's something about the longer days, more time spent outside, and bright sunshine that helps me to reflect on what I have done and what I want to do in the future. One of those things is to spend more time with family and friends. Our own wellness is as important as the wellness we help families to achieve; without it we are less effective in our work and in our daily lives.

Please be sure and take some time for yourself, take time to reflect, to enjoy your family and friends, and let the bright sun warm your face. All of us here at OCFS hope that you enjoy this edition of the LINK that Prevent Child Abuse New York has put together for you, and that you enjoy the warm summer months ahead.



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The Link is published twice a year as a joint venture of Prevent Child Abuse New York and the New York State Office of Children and Family Services.

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hard to build and improve.

None of our efforts would have been successful without the dedicated and incredibly hardworking team we have here in Oneida County. Times were tough, but Healthy Families Oneida County proved triumphant. Everyone did their part because of their unyielding fidelity to the program. We also had a tremendous amount of support and encouragement from Kids Oneida who gave us the confidence to see that what seemed so far away was no longer out of reach. In the past two years, we've seen a 41% increase. Our capacity frown is turned upside down and we now look forward to the big 100!

Tioga PACT Healthy Families, Karen Riewerts, Program Manager

My first thought when presented with the opportunity to write about our capacity goals was that this has really been a journey beset by trial and error. Staffing changes and a managerial shift in 2012 precipitated what would eventually be the development of a successful team-based approach to outreach, assessment, and enrollment. Originally, the Lourdes Tioga PACT Healthy Families program had one full-time family assessment worker (FAW) who was solely responsible for outreach and assessment. This approach satisfied the initial needs of the program however issues began to arise. Capacity was low for several years despite strategies employed by the entire staff over time to increase enrollment.

When our only FAW retired in 2012, two full-time family support workers (FSW) were sent to FAW core training. These two innovative thinkers approached the program manager with the idea to split the FAW role and have two part-time FAW/FSWs on staff. In addition, they asked that all staff conduct outreach at off-site locations to increase the number of potential screens. I reluctantly agreed to do it on a trial basis. This change rapidly led to an increase in assessments and enrollments. During this time, our program lost a very important referral source. Increasing outreach to new and alternative community agencies and reintroducing the program to current community partners led to mutually beneficial collaborations that provided a solid foundation for the changes we wanted to initiate. Through these outreach efforts, our program overcame this barrier.

Reaching, greatly exceeding, and maintaining the capacity performance indicator has brought our team much closer together. There is a much better understanding of job functions between all staff and everyone is willing to step in and help to conduct outreach. We regularly bring the FSWs and fatherhood advocates to assessments. This practice was not in place before we split the FAW role. Both the program manager and supervisor regularly conduct outreach and assessments. It is a true team effort and the staff is extremely supportive of each other. We are very proud of this success.

South Bronx Healthy Families, Sofia Nivar, Program Manager

When I began as program manager last year, our program was struggling with capacity; we were at 62 families and had the

capacity to serve 154. As much as I initially developed action plans, outreach strategies, and called community partners and colleagues from prior jobs to obtain referrals, things did not improve. I began to see that this was not the long-term solution we needed.

Instead, as I took the HFNY core and other trainings, I started to apply the same relationship building skills we learn to use with participants to my work with our staff. The real change started after I began building trust with the program staff, including them in our plans, and creating a vision together. We also moved to a new and larger location. This provided staff with a new start and a fresh outlook. Everyone took part in designing our new space; this empowered them to make it their own.

We had experienced severe staffing shortages due to resignations and illnesses. Our limited staff pulled together and we all learned to wear every hat in the program. I had the opportunity to really learn the job of an assessment worker when our FAW was out for an extended time. We hired new staff and our veterans embraced them and their role of building strong relationships with them as they helped train them.

We worked hard to capitalize on the newly-invigorated investment the staff felt about their work. An example of this investment is the monthly prenatal support group our FSWs created, which is open to the community and has been successfully running for almost a year. One of the sessions led to five new families to assess.

Using an idea from our program supervisor, we created three outreach teams to cover the zip codes we serve and began spreading the word. With both new and experienced staff, plus our wonderful interns, we hit the streets! Our host agency was incredibly helpful as we posted posters all over the hospital and worked with staff to be sure they were directing their patients to us.

We also focused on keeping both our participants and staff happy. For participants, we host events such as our summer picnic, harvest event, holiday events, and most recently our Spring Gala. Trips in the community as well, help retain our families. We were able to get to know all of our families so that in the event their home visitor leaves, they still feel connected to the program and are more likely to accept another home visitor.

For staff, we created a "Staff Oscars" to recognize each other. For example, we have friendly competitions for the best home visiting rate, for bringing in the most referrals, etc. We also put staff in the spotlight by sending "shout out" emails and group texts about their successes and accomplishments.

We have found great support within all of our central administration partners who have been so supportive, answered endless questions, and given us the training and technical assistance we needed during this challenging but productive year. In true South Bronx Healthy Families fashion, a shout out to my wonderful staff Maggie, Jasmaylyn, Addy, Monsi, Maria, Brian,

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Christie, Lesly, Ayeisha, Maribel, and Seinn. Thank you for being such an incredible team.

We are pleased to announce that currently we are at 87%, and that translates to 134 families. Woohoo! If we can do it, anyone can.

Herkimer County Healthy Families, Wendy Iamele, Program Manager

The Herkimer County Healthy Families Program team believes that being at full capacity is the responsibility of the entire team. Every staff member assists with achieving capacity by consistently providing quality services that inspire participants and community partners to want to tell their friends about the program.

There is truth in the saying, “word of mouth is the best advertising.” People listen to the people they trust; their friends, co-workers, and neighbors. When a program consistently provides individualized, quality services that have fantastic outcomes, the recommendations will follow.

During an FAW Quality Assurance visit with Prevent Child Abuse NY, it was noted that people referred by friends and families of currently enrolled participants were much more likely to enroll in the program than people referred by any other referral source. This is important information and our FAW keeps it in mind when prioritizing outreach efforts.

One of the biggest advantages of word of mouth advertising is that it doesn't cost a dime. Consumers and families will forever tell each other about their positive and negative experiences. Give them something great to talk about!

Maintaining capacity requires keeping families and team members interested, engaged, and intrigued. Data shows that when we lose home visitors, we lose families. Continuously evaluating job satisfaction and allowing team members to have a voice whenever possible lets everyone be invested in the program's success, and increases team morale. When families are also given the ability to guide their services and have a voice, they too feel more satisfied and likely to stay enrolled. When looking at capacity, we've learned that retention is best looked at through the parallel process and the relationships that develop along the way.

Healthy Families Suffolk, Delaila Orama, Healthy Families Suffolk (HFS)

Over the past two years, HFS has increased its capacity from 65% to 97%!

Creatively building relationships, establishing a strong presence in our community, and great teamwork are the primary reasons for our success. Connecting with programs that serve similar populations as Healthy Families has been key. We routinely do outreach to all of our referral sources because we have learned if we are not in their sight, then we are out of their minds. At HFS, we know that we need to be a team player with other organizations and show appreciation and gratitude for the referrals we receive

from them. This means attending their meetings and their community events. As they say, “one hand washes the other” and you can't expect to get anything from other programs without giving something back in return.

We also emphasize a team approach among staff. If someone is struggling with an aspect of their job, they are encouraged to bring it to the table for support. For example, when we were struggling to increase capacity, we brought the issue to the entire staff and got everyone involved. Suggestions were encouraged and embraced from each team member. For example, we wanted to specifically target teen parents. We came up with the idea to establish an HFS outreach day at all high schools within our target area. We usually send the FAW and an FSW who has participants in that particular school. We've seen that many of participants in the program get excited when they see their FSW in their school and it makes other teen mothers more open to completing a screen when they see their peers are already involved in the HFS program.

The HFS advisory board has been a huge part of our ability to increase capacity. We rely on our members to refer to us, but also to reach out to other referral sources on behalf of the program. They keep us in mind and make sure we are invited to community events that they hear about. In addition, our host agency has been growing steadily within the last few years and is one of the biggest nonprofit organizations on Long Island. This allows our participants to receive a variety of services in one facility including mental health services, support groups, access to pantries and many other health and human services.

We spent some time thinking about how to increase our prenatal enrollment and have found success with using baby baskets as an outreach strategy. We place an interesting looking basket that women will notice at the WIC center and raffle it off to those who have completed a screen. We've seen an increase in the numbers of screens we've gotten from the WIC Center. Parents who complete a screen are entered to win a baby basket.

We view the Management Information System as a tool that all staff should be able to use to track their individual and team progress. Performance indicators are reviewed quarterly during staff meetings so that staff are invested and know, at all times, how the program is functioning as a whole. This is also an opportunity for staff to share successes, strengths, and challenges.

We have learned many lessons in this journey to reach capacity, and one of them is to always have a “Plan B” for the unexpected, or the “what ifs.” For example, we know a home visitor is going on maternity leave. We've made sure all of her participants have already met and conducted several visits with their “secondary” home visitor. It's a “win-win” for our participants who have come to know another staff person and for the home visitor who no longer needs to worry about her participants having a safe and trusting relationship with someone while she is out. We expect her to come back from maternity leave but if she does not, the families will simply remain with their secondary home visitor. We

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Spotlight: Healthy Families Broome -Carol Peeling, Program Manager-



First row: Corina Allen, FSW, Lisa Palmiter, FSW, Cerise Hayes, FAW, Karen Riewerts, Supervisor, Kim Llewellyn, FSW
Second Row: Carol Peeling, PM, Terri Cole, Supervisor, Dave Micha, FA, Jennina Doolittle, Data Manager, Marisa Pellerito, Supervisor, Angelica Buck, FSW (missing from the photograph: Jennifer Allen, FSW)

The Healthy Families Broome (HFB) program has been supporting families, with a special focus on fathers, in the Southern Tier for more than a decade. It is a collaborative effort between the Broome County Health Department (BCHD) and Our Lady of Lourdes Memorial Hospital, Incorporated (Lourdes). The program is funded by the New York State Office of Children and Family Services and supported by BCHD and Lourdes. Broome County is located in the Southern Tier of New York State, which encompasses nine counties along Pennsylvania's northern border and is one of three counties in the central New York region. The estimated population of Broome County in 2012 was 198,060, ranking 19th out of 62 counties in population size. The majority of Broome County's 705 square miles are rural. The county is comprised of 16 towns, seven villages, and one city. The largest concentrations of residents are located in the southwest section of the county, which includes Binghamton, Johnson City, Vestal, and Endicott. We collaborate with and refer to neighboring home visiting services including Binghamton PACT and Lourdes Tioga PACT Healthy Families Program.

What makes us unique...

Our program was a pioneer in empowering and engaging fathers in home visits by creating a Fatherhood Advocate position more than ten years ago. Since then, tandem visits have become a defining characteristic of our program. Through tandem visits which include a family support worker and a fatherhood advocate, we provide support and encouragement to both mothers and fathers focusing on the unique strengths and contributions each parent makes in helping their children grow.

Our family assessment worker (FAW) involves fathers and father figures, beginning with outreach, to engage families in the parent survey process. The FAW schedules the parent survey visit (assessment) around both parents' schedules to encourage their participation. Whenever possible, families that include a father or father figure are transferred to a tandem team of home visitors. This model requires ongoing communication, flexibility, and collaboration within our team to provide home visits that reflect the importance of each parents' role in their child's development. The outcome of this effort toward high quality and consistent visits contributes to our program's overall home visit achievement rate, family retention, and capacity.

What our families say...

Feedback from a parent survey visit: "...the father information is great because there is so much focus on the mother and baby. It's nice to include dads."

Feedback from enrolled families: "There is no way to make HFB better when they are great and friendly"
"I thank the (program) for all the help they do for our family."

The Healthy Families Broome team's favorite part about their role:

"The 'ah-ha' moments when parents notice the subtle changes in their child's development and watching them grow up."

"I learn so much from the parents and their children."
"Supporting families on their amazing journey through parenthood."

"I love it when the target child meets a milestone they have been working hard at to accomplish."

have calculated how to distribute families so that no one goes over their case weights and the program maintains its capacity. Having a “Plan B” reduces the stress we feel about those “what ifs” and they ensure we can maintain our high level of performance. At HFS, we are always thinking about how we can come up with innovations to work smarter, not harder.

Healthy Families at Delaware Opportunities, Janelle Montgomery, Program Manager and Tara Slauson, Assistant Program Manager

Healthy Families at Delaware Opportunities is proud that we have met, maintained and exceeded capacity for many years. To continue our success, we are now “saturating” the community with program information. We involve the entire team in establishing and maintaining relationships with referral sources. We’ve learned that even with long standing relationships, it’s crucial to refresh their knowledge of our program, especially because there might have been staff turnover at those sites.

When out in the field, or just out in the community, all members of our team keep their eyes open for our brochures, flyers and tear-off information so they can replace them when needed. Each team member has been assigned areas of our rural county that are their responsibility to visit. These areas include local businesses, doctors’ offices, and community organizations. We follow up on team outreach responsibilities in supervision to see that it is happening on schedule and to find out how it is going. All this has resulted in stable referral sources. At a Capital Regional meeting, James Porter from the Prevent Child Abuse NY Training and Staff Development team noted that in market research, it typically takes people up to seven exposures to a product before they are “ready to buy.” He said that all of these contacts (brochures, ads, phone calls) are part of an osmosis that makes it more likely that people will say “yes.” What we’ve seen in the past few months with our “saturation” seems to correlate with what James shared at the meeting.

There’s another new effort regarding our relationship with WIC. Communication is the key! Part of the recent success we have had comes from WIC being operated by our host agency and sitting on our advisory committee. When we were discussing how we could improve our referrals from WIC, we noted that WIC staff had been asking prenatal families if they “wanted” to fill out a screen for our program. That has changed. WIC staff has every prenatal applicant automatically fill out the screen form. (Women can still check a box to state that they don’t wish to be contacted.) WIC is also permitting us to regularly visit their outreach sites. This allows us to put a face to the program. Often, the home visitor that the family met at the WIC site will end up being their family support worker, and they will have already started building their relationship. In addition, as a large rural county, visiting the WIC outreach sites gives us an opportunity to reach the families who go to doctors and hospitals in other counties such as Ulster and Broome where we cannot have the same consistency of contact that would lead to a solid relationship.

There is mutuality in our interactions with WIC that helps nurture this relationship. For example, our program educates women about WIC, helping them especially with getting women

into their offices early in pregnancy. Speaking of our advisory committee, we find that having a shared committee with WIC, Child Care Resources, and Head Start means that these programs are always in attendance and we can do some broad analysis and planning for our shared community.

At Healthy Families at Delaware Opportunities, we never rest on our laurels and are always looking at our data and reports to see where else we can tweak or improve things. For example, we’ve noticed that while we are not increasing the number of referrals or assessments, our acceptance rate is increasing. We are evaluating the reasons for that so we can learn from it.

Healthy Families Cayuga Seneca, Kathy Gallinger, Program Manager

Healthy Families Cayuga Seneca continues to work diligently towards achieving capacity. In November of 2015 were at 75% of capacity and I am pleased to report that as of this writing we are at 83%. We have three more families we’ll be enrolling in the next couple of weeks. Our action is paying off and our enrollment is back on the upswing!

In an effort to address our challenges in this area, we’ve learned we have to talk, troubleshoot, and brainstorm as a team. Everyone’s ideas are heard as we develop a team strategy and put it into action. Most recently, we decided to increase our outreach efforts. Happily, this has resulted in us adding new referral sources. We never refuse the opportunity to attend a tabling event or to make a presentation. Staff has joined me for events in the evenings and on weekends. My husband even accompanied me for a tabling event at our community holiday parade. The chance to share our enthusiasm and sincere belief in the program extends a warm introduction as to who we are and what we do. I am especially pleased that enrolled and graduated families are also helping in this endeavor. They are recommending the program and assisting with our events. That is great validation!

The Management Information System plays a primary role in monitoring our progress at any given time. The analysis reports including the Aggregate, Data, Capacity, and Screen Referral Source offer us the opportunity to analyze what we have accomplished and what lies ahead. In an effort to merge data and practice, we are investing in the FISH! philosophy. The four components of FISH! are: Choosing One’s Attitude, Playing at Work, Making Someone’s Day and Being Present (See fishphilosophy.com.) These are all so relevant to what we do and we think approaching our work this way can have an impact on capacity. I can’t promise it’s the secret to success, only that it has offered us a unique way of heading in the right direction!



Milky Way

**Rayza DelaCruz-Stitt, RN, MSN,
Program Director Bushwick Bright Start Healthy Families**

BREASTFEEDING AND C.H.E.E.E.R.S

Healthy Families America embraces C.H.E.E.E.R.S (CHEEERS) as a framework for enhancing the parent-child relationship. With the additional work HFNY sites are doing to incorporate CHEEERS into our work, it seemed like a good time to re-print this piece on using CHEEERS to view how breastfeeding encourages and supports a positive relationship between babies and their mothers and fathers.



C	CUES-Breastfeeding can help the mother learn to recognize baby’s feeding cues. This can have long-lasting effects on her ability to “read” her baby throughout the parenting relationship. Fathers can be supported to notice their baby’s cues before, during and after nursing.
H	HOLDING-Breastfeeding offers a ready-made opportunity for baby to have skin-to-skin time with mom. Especially during early nursing, this helps baby feel like she is back in her natural habitat. Fathers can also be part of this, not by physical holding, but by “holding in space”, just sitting closely and having positive conversation.
E	EXPRESSION -Newborn babies can see best at a distance of approximately 8-10”. Babies at the breast are at the perfect position to access their mother’s face. This is very convenient since they are particularly interested in human faces. Breastfeeding promotes parent-baby eye contact, a wonderful type of expression.
E	EMPATHY-The hormone Oxytocin is released during breastfeeding. Drs. Kennell & Klaus have termed Oxytocin the “Love Hormone”. It promotes relaxation and helps to increase nurturing maternal instincts. Home visitors can support families to maximize these physiological benefits that will result in more empathic behaviors towards baby.
E	ENVIRONMENT- The nursing hormones create a nurturing emotional state in the mother that directly helps bonding. Bonding is the process by which the mother connects to her baby and can enhance her ability to provide an atmosphere of emotional safety. This early relationship provides the building blocks for home visitors and parents to discuss ways in which the home environment and appropriate stimulation enhances child development.
R	RYTHMICITY& RECIPROCITY-The “supply and demand” nature of breastfeeding provides a unique opportunity to practice baby-led nursing. When parents are familiar with and attentive to baby’s cues, they are more likely to fall into a rhythmic and reciprocal pattern with their baby. We call this the Parent-Child-Relationship Dance. Fathers can become attuned to baby’s cues by responding to subtle hunger cues and bringing baby to the mother. In the context of a breastfeeding family, the home visitor has a wonderful opportunity to support and promote partnering and collaboration between parents. The parents learn to be more flexible by allowing the baby to set his or her own feeding schedule.
S	SMILES-The effects of Oxytocin, the “Love Hormone” are likely to help the mother feel endeared to her baby. Nursing mothers more typically have a relaxed affect, and smile often while nursing the baby.

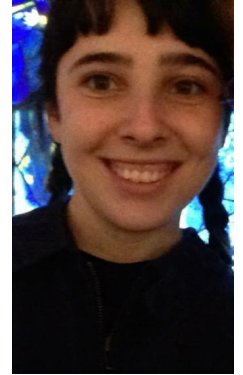
Roving Reporter

What is something you do in your work that contributes to building your program's capacity?



Stevie-Marie Susta, Family Support Worker, Dutchess County Healthy Families (and daughter Dakota!)

Performing outreach in the community I work in is key to building our program's capacity. Our team tries to find new and innovative ways to engage pregnant moms to join the Healthy Families program. We do this by leaving tear-off flyers around town and by talking to people on the street. We are always networking with local agencies in the community to recruit new participants!



Mirelle Thaler, Family Assessment Worker, Healthy Families Sunset Park

As a new program, my co-workers and I have been canvassing the neighborhood of Sunset Park to get to know different community organizations and resources. With this outreach, we can introduce our program while getting to know the community and possible referral sources. This has increased the program's ability to focus and target our efforts to places like doctors' offices, schools and daycare centers. At the same time, we're developing trusting relationships within our community. It has been wonderful to learn about local organizations and to meet people who are excited about Healthy Families Sunset Park!



Tara Slauson, Assistant PM, Healthy Families of Delaware Opportunities

Each member of our team is now distributing information throughout the county. They are establishing relationships with providers in the parts of our large rural county where they are already visiting families. Having all staff now involved in outreach has really connected them more to all aspects of the program.

Yi Ju Hsu, Family Support Worker, Healthy Families Sunset Park

As a new FSW at a new program in a culturally diverse community, I am working with the team to build up our toolbox specifically for the Chinese-speaking population. Besides translating the materials and providing Chinese services, we are also in the process of tailoring our outreach strategies, assessment tools and curriculum to better respond to their practices, traditions, and beliefs. When I interpret for people seeking other services within our host agency, we gain a larger perspective on both the needs and resources that belong to this community.



Colleen Matthews, Program Manager, Madison County Healthy Families

My team knows where we have to be at regarding capacity without me even using the word "capacity." We have utilized different "out of the box" ideas to reach new families. One of our biggest accomplishments with the best results has been doing weekly outreach in the lobby of our local department of social services building. Getting the team "fired up" about our program has helped us build our program's capacity.

~Welcome~

**Allison Contento, Office of Child and Family Services,
Program Contract Manager**

I am so excited to be a part of the Healthy Families New York team. I began my career working with children and families ten years ago in the child welfare and criminal justice fields. I have worked in voluntary agencies, local departments of social services, a county probation department, and was most recently at the Albany regional office within OCFS. I love working in this field and helping to improve outcomes for children and families. Healthy Families New York is the perfect place to continue to help achieve these positive outcomes. I am looking forward to learning from and working with all of you.



Healthy Families of Sullivan Receives Breastfeeding Award

On April 14, 2016, the Sullivan county Breastfeeding Coalition hosted “The First Annual Breastfeeding Awards Night and Film Screening” at Bethel Woods Center for the Arts. Healthy Families of Sullivan, as well as many organizations, OB/ GYN, Pediatricians, and providers in the community were awarded with a Certificate of Merit from the New York State Assembly. The awards were for their efforts to increase breastfeeding awareness to improve the health of newborns and children in Sullivan County. The coalition’s work in the last year has contributed to the increase of breastfeeding rates in Sullivan County from 58% initiation rates to 76% in 2015!! Healthy Families has been working closely with the Sullivan County WIC program to reach the top 10% (for breastfeeding initiation and duration) out of 63 WIC programs in NYS. The evening featured a screening of the film “The Milky Way” to demonstrate a global perspective on the importance of breastfeeding. Healthy Families also provided transportation for several participants to attend.



Pictured from Left to right: top, Bilingual FSW - Ericka Pineda, Spanish Speaking Outreach Worker - Anna Rodriguez, Program Manager - Pat Bennett, Director of Patient Services - Lise Kennedy, FSW - Jill Beach. Bottom: FAW - May Ann Rivera-Call, FSW - Dina Jester, Susan Hrynko.

Healthy Families Morris Heights hosts Recruitment Baby Shower, Sandra Fullea-Martinez, Program Manager

Healthy Families New York programs that are hosted by medical organizations can sometimes find it a challenge to partner with other health and hospital organizations. This is due to the concern that patients might switch their health care services for those of the Healthy Families host agency. Recognizing our common goals of improving the health and health access of our community, Healthy Families Morris Heights (HFMH) is pleased that we have a strong linkage agreement with Lincoln Hospital and the Belvis WIC program.



A great example of this new collaboration took place on March 25, 2016 when HFMH hosted a recruitment baby shower at the Belvis WIC Department in Lincoln Hospital. The event was very successful with 50 people attending. We targeted expectant families and provided them with important information about what they can do while pregnant to have a healthy baby. Brenda Vazquez, our family assessment worker, engaged the participants in fun activities as she informed them about the HFMH program. We also provided refreshments, cake, raffles and incentives. We are happy to report that 32 screens (self-referrals for services) were obtained during this baby shower.

We are proud of Brenda for her “go-getter” attitude that is helping us build a strong community network, and we look forward to partnering with other health organizations to reach even more families in our community.

Family Happy Jar Activity

Tina Tison, PCANY

This can be either a long term or short term activity for families. Some may choose to do it for just a week while others may want to do it for longer.

Materials needed:

- Mason jars or clean, recycled jars such as jam or mayonnaise
- Paper strips or popsicle sticks
- Decorations for jars such as stickers and glitter

Step 1:

- Families can decorate a jar with stickers, glitter, paint or any other materials that FSWs bring to a visit.

Step 2:

- Over the next week, every family member recalls one good thing that happened during the day, or something that made them happy.

Step 3:

- Everyone's contribution is written on a strip of paper or a popsicle stick and put in the jar that they've decorated.
- Even very young children who can't write can tell their parents something that made them happy and a parent or caregiver can write it for them.
- FSWs can contribute too, perhaps noting a great example of parent-child interaction they've observed, or something that went especially well on a visit.

Final step!:

- At any time they want, families can take all their papers or sticks out of the jar and read them aloud, remembering all the happy things they've experienced.

This could be a fun activity for programs to do as well – staff could write something that went well on a home visit, something they particularly enjoy about their job, or even an appreciation of something they noticed a co-worker doing well. The jar could then be passed around at a team meeting, with everyone reading one thing aloud.

