

# Healthy Families Indiana Strategic Plan

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# Executive Summary

Indiana's Family and Social Services Administration, Division of Family and Children received 86,512 reports of child abuse and neglect in 2001. 37% of these investigations resulted in a substantiation of child abuse or neglect. Of these substantiated instances, 45 resulted in a child fatality, and 75% of these fatalities occurred to children under the age of 3. Implementation of Healthy Families Indiana has the potential to reduce these alarming statistics. Healthy Families Indiana offers a three-pronged approach to services by offering assessment of family strengths and needs, referral to appropriate resources, and home visitation. The focus of the home visitation aspect of the program is to provide long term benefits to Indiana's families and children through services which promote family functioning and parent-child interaction, improve family and child health, and enhance child development.

## Broadening the Strategic Vision

In late 2001, John Hamilton, Secretary of Family and Social Services Administration, identified Healthy Families Indiana as one of three major priorities within the Biennium Plan that will take FSSA through June 30, 2003.

**Priority 2:** Focus Assistance to Families and Children on Prevention and Self-Sufficiency.

FSSA will work to make sure children are healthy and ready to learn by:

- Conducting Healthy Families screenings for 90% of Hoosier births.
- Offering Healthy Families services to 100% of children identified as at risk of abuse or neglect.

Healthy Families Indiana Strategic Plan represents the goals, objectives, and strategies committed to maintaining the Healthy Families America credentialing standards, and successfully reaching the FSSA Biennium Priority #2 by 2003.

Prevent Child Abuse America/Healthy Families America began a pilot process in 1998 to establish a mechanism for credentialing a network of Healthy Families sites linked to a central administration system. Indiana was selected as one of two states to participate with Healthy Families America in this endeavor. Successful completion of the pilot resulted in a celebration awarding a multi-site credential for Indiana in September 2001. The ceremony to recognize the accomplishments of so many individuals working together collaboratively on behalf of families was held in the State House Rotunda. First Lady Judy O'Bannon and the Family and Social Services Administration joined with representatives from Prevent Child Abuse America and Healthy Families America in presenting the Multi-site Credential to FSSA and 56 Healthy Families sites. The rigorous credentialing process ensures sites maintain an excellent standard of service delivery to new parents consistent with the home-visiting model developed by the national organization.

## The Mission

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

## The Healthy Families Program

The Healthy Families Indiana program is a voluntary program designed to promote healthy families and healthy children through a variety of services. Program components include assessment and home visitation to promote the broader Healthy Families America vision of a comprehensive, universal, family support program. The potential participants are identified prenatally or at the time of birth.

# Indiana Strategic Action Plan

## **Goal I Program design:**

To establish and maintain a statewide program that is consistent with the Critical Elements as developed by Healthy Families American (HFA) and Healthy Families Indiana (HFI).

## **Goal II Community based partnerships:**

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

## **Goal III Quality service:**

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

## **Goal IV Public Awareness:**

To enhance public awareness and mobilize support for Healthy Families Indiana through information and education.

## **Goal V Infrastructure:**

To maintain an effective infrastructure which supports Healthy Families programs statewide and facilitates the accomplishment of all above goals.

# Introduction

## Background

Indiana Family and Social Services Administration, Division of Family and Children received 86,512 reports of child abuse and neglect in 2001. 37% of these investigations resulted in a substantiation of child abuse or neglect. Between 1997 and 2001, 241 children died as a result of abuse or neglect. Of those 241 children, 45 were reported in 2001, and 75% were under the age of three. Implementation of Healthy Families Indiana has the potential to reduce these alarming statistics. The focus of this home visitation program is to provide long term benefits to Indiana's families and children through services which will promote family functioning, parent-child interaction, improve family and child health, and enhance child development.

A number of national groups and task forces make recommendations for preventing or reducing child abuse and neglect. Many of them are consistent in their calls for action:

"Today—and every day this year—child abuse and neglect will cost the American taxpayers \$258 million. That's more than \$94 billion annually. Put another way . . . the consequences of child abuse and neglect cost every American family more than \$1400 each year, and this is a conservative estimate . . . There's a tremendous imbalance between what we invest on the front end to prevent abuse and neglect before it happens and what we spend as a consequence of abuse and neglect after it has occurred."

(Sid Johnson, President and CEO, *Prevent Child Abuse America*)

" . . . The thrust of a child-centered protection system must be to move toward preventing child abuse and neglect before it happens . . . There are some data to suggest that parenting education for at-risk populations is useful. The best documented preventive efforts are for home visitation services for families of infants which are universal in many developed countries but are not now widely available anywhere in the United States."

(U.S. Dept. of Health and Human Services, 1990, p.81)

"Research indicates that the best way to promote healthy child development, to strengthen families, and to prevent child abuse is to provide parents with education and support beginning with the birth of their first baby, ideally by means of a voluntary program of home visits."

(Carnegie's *Task Force on Meeting the Needs of Young Children*, April 1994, p.72)

"The highest rate of abuse and neglect for U.S. children occurs in the 0 to 3 age group. Of those children who suffered fatal maltreatment in 1999 . . . 86.1% were under six years of age—younger than the age for compulsory school attendance in most states."

(American Humane Association, *Child Protection Leader*, October 2001)

In 1990, the U.S. General Accounting Office (GAO) produced a report entitled *Home Visiting: A Promise: Early Intervention Strategy for the Family*, the report concluded that home visiting programs demonstrate tremendous potential for enhancing maternal and child health and well being, particularly for vulnerable families. The GAO also listed several critical elements found in the more successful programs such as well-defined program objectives, long-term funding sources, extensive coordination with other health and human service providers and comprehensive training and supervision of the home visitors."

(McCurdy, 1995, p.1)

The Office of Juvenile Justice Delinquency Prevention (OJJDP) has just released the first guide to successful antiviolence programs. *Delinquency: Prevention Works* examines the latest research finding on juvenile violence prevention. The report says key factors that must be addressed in any violence-prevention program include:

1. Healthy babies—lack of prenatal care leaves children at risk for a host of dangers, including poor health and susceptibility to drug abuse.
2. Early childhood positive development, family bonding and parenting skills have a potentially enormous effect on adolescent delinquency and delinquent behavior among younger children, maintains the report.

This indicates the need to support early efforts to reduce youth crime. According to a recent report supported by OJJDP (Mendel, 1995), “interventions targeting families and kids in the first five years of life may be the most powerful delinquency prevention strategies that exist. . .”

*(The Federal Assistance Monitor, June 15, 1995)*

## History

In 1985 Hawaii began a project called Healthy Start. It was a three-year pilot home-visiting project in Ewa, O’ahu, Hawaii. The project was developed with the goal of preventing child abuse and promoting child development. Evaluation of the program at the end of the demonstration revealed that not a single case of abuse had been reported among the 241 high risk families served by the project. There was also evidence of reduced family stress and improved functioning among the families served (Healthy Start 1992 Report to the Legislature).

In January, 1992 the National Committee to Prevent Child Abuse (NCPCA), in partnership with Ronald McDonald Children’s Charities (RMCC) and in collaboration with the Hawaii Family Stress Center, launched a project entitled Healthy Families America (HFA). Building upon two decades of research and the experiences of the Hawaii Healthy Start program in putting the research into practice, the goal of HFA is to ensure that all new parents, but particularly those facing the greatest challenges, receive the education and support they need at the time their baby is born.

Today, ten years later, that project has evolved into a nationwide movement. That essentially all fifty states have mobilized representatives from public and private sector to plan for the provision of home visitation services for new parents is evidence of the widespread impact of HFA. Over 459 HFA programs in thirty-nine (39) states, the District of Columbia and Canada have been established.

## Indiana History

In February 1992, NCPCA sponsored a conference in Hawaii to provide training and technical assistance to states to replicate the Hawaii Healthy Start model for the prevention of child abuse and neglect. Indiana was one of twenty-three states that received a seed grant to attend. An Indiana team representing Maternal and Child Health, the Indiana Chapter to Prevent Child Abuse, and First Steps Early Intervention Program was delegated to attend the conference.

In 1993, Indiana introduced Healthy Families Indiana (HFI) by organizing a “Think Tank” of statewide professionals and state agency leaders. The Think Tank designed a plan to initiate the home visiting model and pilot HFI sites to work closely with hospital maternity wards, prenatal clinics and other referral sources. The pilot sites would systematically identify, either before or immediately after birth, families who could benefit from education and support services and offer them home visitor services.

The Think Tank included representatives from the following entities:

**Indiana State Department of Health**  
**Family and Social Services Administration (FSSA)**  
**Division of Family and Children**  
**Division of Mental Health**  
**First Steps**  
**Medicaid Office of Policy and Planning**  
**Office of Planning and Innovation**  
**Step Ahead**  
**County Offices of Family and Children**  
**Indiana University**  
School of Social Work  
School of Nursing

**Purdue University**  
Cooperative Extension Service  
**School of Consumer and Family Sciences**  
**Indiana Primary Health Care Association**  
**Visiting Nurse Services**  
**Riley Child Development Center**  
**United Way**  
**Indiana Department of Work Force Development**  
**Community-Based Health Services**  
**Indiana One Church One Child**  
**Community Action Agencies**  
**Indiana Criminal Justice Institute**  
**Department of Correction**  
**Indiana Chapter to Prevent Child Abuse**

Many other community-based organizations contributed representatives to serve on working groups for strategic planning purposes.

Indiana is unique in that support for the program is through a “Healthy Families Blended Fund” established from existing federal funds; (Maternal and Child Health Services; Prevention and Treatment of Substance Abuse; Medical Neglect /Disabled Infant Program; First Steps Part H—Special Funds Project; Title IV-B, Subpart II, Social Security Act; Criminal Justice Juvenile Delinquency Prevention Funds; and Child Abuse Prevention Treatment Act), and in 1997 added Temporary Assistance to Needy Families (TANF), Maintenance of Effort (MOE). The blending of these funds, contributed by multiple state agencies, has enhanced funding opportunities to new and existing HFI sites.

Since initiation of Healthy Families Indiana in 1993, the program has experienced significant grass roots organizing and collaboration at the local and state levels through community planning councils. As a result, Indiana established 56 sites serving 92 counties within five years of the initial planning meetings. In fact, Indiana is leading the nation with the number of Healthy Families America (HFA) sites and is one of only a few states with an active state level public/private partnership for planning and administering the program. Also during this time, procedures for program monitoring and evaluation, systems for national training and site certification, and a state training and technical assistance model for the HFI sites were developed. Through coordination with HFA, Indiana University and FSSA, Indiana has gained national recognition for the development and implementation of quality training and evaluation practices for the Healthy Families Indiana program.

Administered by the Family and Social Services Administration, Healthy Families Indiana is designed to strengthen families and to promote healthy childhood growth and development. It is hoped that these efforts will prevent child abuse and neglect, childhood health problems, and juvenile delinquency. The program systematically identifies, either before or immediately after birth, families that could benefit from education and support services and offers them home visitor services. In addition to addressing families’ immediate needs (e.g. finding assistance for food and shelter), home visitors build trusting relationships in order to strengthen families, teach problem-solving skills, and help families enhance parent-child relationships. They also help to establish formal and informal support systems and link families to the full range of health and social services in their communities, including helping all families establish a medical home.

In 1997, Indiana Governor Frank O'Bannon joined other governors across the nation to support the Early Childhood Public Engagement Campaign "I Am Your Child." This campaign is designed to focus on the importance of the first three years of life and on what families and communities can do to promote young children's healthy development and school readiness. The campaign builds on *Starting Points*, the 1994 report by the Carnegie Corporation of New York that documents the substantial body of literature on young children's emotional, social, physical, intellectual, and brain development.

A White Paper was developed by the coalition with the intent to provide basic action recommendations regarding children at their most formative stages—from prenatal to three years of age and to move readers to action. These recommendations fall within four broad policy areas identified in the Carnegie Report:

- Promote responsible parenting
- Provide Quality Child Care
- Provide accessible and affordable health care
- Mobilize community resources

Recommendations from the White Paper represent important opportunities to build and enhance an infrastructure of supportive policies and resources.

To support the Governor's commitment to the national campaign, an invitation was extended to state and community leaders to come together as a coalition to promote state and local action on behalf of young children and families. The Indiana Coalition along with Governor O'Bannon believes this to be a top priority for the state. In November 1997 the Indiana initiative was renamed "Building Bright Beginnings".

During 1998 and 1999 communities in each of Indiana's 92 counties supported Governor Frank O'Bannon's "Building Bright Beginnings" initiative to promote state and local action on behalf of young children and families. Healthy Families Indiana is one of many programs across the state that shares the vision and mission to increase positive outcomes for families with infants and young children.

In support of Building Bright Beginnings and Healthy Families Indiana, the Division of Family and Children spearheaded a planning session in June 1999 bringing together over twenty diverse representatives from local, state, and national organizations that support families. The purpose was to explore the goal of reaching 90% of the birthing population in Indiana by the year 2003. With their broad wealth of expertise, the group affirmed the 90% goal and focused on strategies and recommendations to guide the initial work. Their recommendations were then presented to the Healthy Families Indiana Think Tank and referred to appropriate Healthy Families Work Groups. New objectives were developed and incorporated into the revised State Strategic Plan. The plan was reviewed by the Think Tank and approved by the Indiana Family and Social Services Administration.

In 2001, a recommendation was initiated by members of the Think Tank Advisory Committee to reorganize the Think Tank structure to represent HFI programs statewide. The Advisory Committee selected 14 experts from the field representing six geographic areas to form the Program Operations Committee. The primary responsibility of this committee is to review program policy, quality assurance, and pending issues submitted to them by the four existing Think Tank Work Groups and other entities related to the program. After careful consideration, their recommendations are forwarded to the Advisory Committee for review and final approval by FSSA. An open invitation is extended to HFI statewide to serve as a member on the four Think Tank Work Groups of choice or, if interested, on ad-hoc work groups.

# Healthy Families Indiana

A Vision for Indiana families...

**“Indiana will view children and families as the highest priority.”**

The Indiana Family and Social Services Administration, in its 1994 Strategic Plan, 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:

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.

## What Is The “Healthy Families” Program?

Healthy Families Indiana is a voluntary program designed to promote healthy families and healthy children through a variety of services. Those services include strength-based family assessment, linkage to appropriate community resources, and home visitation. Home visitation services include child development, access to health care, and parent education. These services are home-based, and potential participants are identified prenatally or at the time of birth.

Each community determines its target population of families. Each HFI target area must have a minimum of 250 annual live births to provide a population base for the program. Some communities include only families having their first child, while other communities focus on all families who reside in specific neighborhoods or census tracts or on all county residents who give birth in certain hospital. In all communities, assessments are done either prenatally or at the time of birth so home visiting can begin 90 days after birth or earlier.

A standardized tool is used to systematically assess the strengths and needs of all families in the defined target population and identify families who are most likely to benefit from intensive home visiting services. Healthy Families Indiana Resource Specialists assess families with a conversational approach, using the *Kempe Family Stress Checklist*. The Kempe FSC is an instrument capable of predicting which families are more likely to experience difficulties in parenting potentially leading to abuse or neglect of their newborns within two years.

The Healthy Families Indiana Resource Specialist gives information about available community resources to each family assessed, regardless of risk levels. In some communities the HFI program periodically mails information about growth and development to all families during their baby’s first year of life.

Families who are assessed as being in high-risk situations and would benefit from home visiting are offered the opportunity to participate in the HFI intensive home visiting component. HFI home visitors continue to reach out to families who initially might be hesitant or otherwise difficult to engage in home visiting in order to build trust and develop a relationship on terms with which the family is comfortable.

Sometimes caseloads are full and the HFI program is not able to provide services to families who could benefit from voluntary participation in intensive home visiting. Even when that situation occurs, the HFI Family Resource Specialist continues to assess all families in the defined target population in order to document the needs of families in the community and refer families to other appropriate community services.

Families who voluntarily agree to accept home visitation services through the Healthy Families Indiana program are assigned a home visitor. The home-visiting component of the program is tailored to the individual family’s needs. The home visitor, known as the Family Support Specialist (FSS), visits at least weekly with a family for up to one year, or longer if needed. The FSS offers extensive support to the family by helping establish support systems, teaching problem-solving skills, and by enhancing positive parent-child interaction. The FSS also offers information, education, and referrals to community resources as appropriate. Another goal is to assist families in connecting to a medical home and offering help in attaining appropriate medical services including immunizations. On a semiannual basis the FSS assesses the growth and development of the child through administering the Denver II Developmental Inventory. When appropriate, the child is referred to developmental services such as First Steps.

Within 45 days of entry into the program, the family—in conjunction with the Family Support Specialist identifies goals for services. Those goals are reviewed every six months and new goals are identified. For those families who accept long-term (up to 5 years) participation with HFI, their progress in achieving their goals will determine their service level, which gradually offers less intensive service.

# 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 will be:**

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 will be:**

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.

# Healthy Families Strategic Plan

## Goal I Program Design:

To establish and maintain a statewide program that is consistent with the Critical Elements as developed by Healthy Families American (HFA) and Healthy Families Indiana (HFI).

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

- Strategies:**
1. Annually each Healthy Families Indiana site will complete a self-Assessment (see Addendum A).
  2. A state review team will schedule a review of site self-assessments annually and make recommendations for site growth and improvement.
  3. Sites will develop a plan of action to respond to the recommendations of the state review team in order to move to compliance within six (6) months.

**Objective B:** Indiana will continue to enhance and expand in partnership with local communities and HFI sites serving families in all 92 counties.

- Strategies:**
1. Indiana will use the following indicators in determining site selection for phased-in implementation of Healthy Families Indiana, based on standards recommended by Healthy Families America:
    - a. All Healthy Families Indiana programs will 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 actors/advocates needed to create a fully operational and funded HFI initiative.
    - b. Sites will demonstrate competence in the process of identification and assessment of families utilizing HFI standardized tools.
    - c. To the extent possible, programs will serve new parents through existing home visiting services and other support programs already operating in the community.

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

- Strategies:**
1. At the time of application for funds, all sites will gather memoranda of understanding from all relevant agencies in the community from whom families could receive alternative services.
  2. As funding permits, HFI sites will expand their services and offer screening and assessments of all new parents in their communities either prenatally or at birth. Families in the primary target population and those families outside the target population who assess positive could be offered referral services and home visitation.

## **Goal II Community Based Partnerships:**

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

**Objective A:** The Healthy Families Indiana Think Tank Advisory Committee and Think Tank Work Group in conjunction with FSSA will develop short and long range funding strategies on an annual basis.

**Strategies:** 1. The Funding Work Group, and the Think Tank Advisory Committee, a partnership of public and private agencies, will identify sources of funding at all levels, federal, state, local and private for Healthy Families Indiana. Areas to be explored include:

- Insurance
  - EPSDT–Medicaid
  - EAP
  - Senior citizens organizations, including grandparents
  - Families
  - Lottery
  - Alcohol
  - Tobacco tax
  - Lottery tax
  - Increase blended funding, federal, state, locally “dedicated”
  - Explore Children’s Trust Fund—examine new ways for dedicated funding.
  - Alcohol tax
  - Stateline item – blended funding
  - Juvenile Justice base funding stream
  - Analyses of federal funding to see what dollars have become available in the last five (5) years.
2. The Healthy Families Indiana Think Tank Advisory Committee and appropriate work groups will provide technical assistance to sites to develop local steering committees in cooperation with Step Ahead, local planning councils, and Offices of Family and Children, which can provide leadership and direction in developing local funding.
3. All Healthy Families Indiana programs will provide a locally dedicated maintenance of effort for any Healthy Families Indiana fund dollars.
4. Provide fiscal information and support Healthy Families Administrators as needed.
5. Funding Work Group and FSSA will explore fiscal impact on programmatic and policy changes.

6. Develop language that supports economic development/work force development/ healthy economy concepts.

**Objective B:** The costs of training CORE, Basic, Technical Assistance, and the Management Information System will be shared between the state and local levels.

- Strategies:**
1. Healthy Families Indiana will implement 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 will establish a cost sharing mechanism for HFI credentialing costs.

### **Goal III Quality Service:**

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

**Objective A:** All Healthy Families Indiana staff must complete the appropriate core training: Supervisors, Family Support Specialists (FSS) and Family Resource Specialists (FRS). The Family Resource Specialist (FRS) must complete core training prior to administering the Healthy Families Indiana assessment (Family Stress Checklist). Healthy Families Indiana service delivery staff must complete training within 12 months of date of hire with designated topics as outlined by credentialing standards to be completed within 6 months of hire. The state and the local site will share responsibility for providing HFA basic training requirements.

- Strategies:**
1. Healthy Families Indiana will identify staff training requirements and provide them to all Healthy Families Indiana program sites.
  2. Healthy Families Indiana will provide HFA core training using instate certified Healthy Families trainers.
  3. Healthy Families Indiana will develop and provide a supplemental follow-up training to core as a requirement for all supervisors.
  4. Healthy Families Indiana will provide core training and basic training in a timely manner, sufficient to meet the needs of HFI sites to ensure compliance to Healthy Families America credentialing standards.
  5. The Healthy Families Indiana Think Tank will continue to define a process for providing advanced training for Healthy Families Indiana program staff.
  6. The Healthy Families Indiana Think Tank will develop criteria for identifying co-trainers and mentors curriculum content for advanced training and technical assistance.
  7. Develop guidelines to compliment Basic training and meet credentialing requirements.

**Objective B:** The Healthy Families Indiana Evaluation Work Group will review/report the aspects of HFI program which have been most successful and make recommendations for program improvements, modifications and future directions.

- Strategies:**
1. The statewide HFI Evaluation Work Group will support and/or facilitate levels of continuous data collection and evaluation to monitor the program's impact and facilitate program improvement as long as the program is in operation.
  2. The HFI Evaluation Work Group will review statewide reports outlining evaluation findings to HFI staff, public relations teams, and to the national research network at least annually.
  3. Evaluation results will be written in such a way as to guide the program's decision-making process on a daily and longer-term basis.
  4. Evaluation reports will describe the population(s) benefiting most from the program.
  5. The Evaluation Work Group will assist in design of ongoing evaluation strategies, techniques, and reporting functions to be conducted by HFI staff to gather site-specific data as needed.
  6. The Evaluation Work Group will maintain a liaison/ relationship with other appropriate researchers and evaluation groups.
  7. The Evaluation Work Group will review requests to use all HFI HVTIS data and make recommendations to process through the Think Tank Advisory Committee and FSSA for approval.
  8. The Evaluation Work Group will explore strategies for the translation of evaluation results into cost-effective outcomes.

**Objective C:** Local Healthy Families Indiana site staff will be able to describe how they apply Best Practices guidelines to local programming.

- Strategies:**
1. HFI will design and implement a "Quality Assurance System" for HFI site applicants (including program directors) that will cover best practices such as the critical elements mission and expected outcome of an HFI program.
  2. In their initial request for funds and Annual Site Review all HFI program sites will establish certain critical program linkages and will describe how community partnerships will be reinforced through their HFI program.
  3. HFI will develop guidance papers for use by HFI sites that will include guidelines for issues such as the identification and hiring retention of program directors, supervisors, and staff and their relationships with CPS, and other issues as they are brought to the Think Tank for consideration.

**Objective D:** The Healthy Families Indiana Think Tank Advisory Committee will develop and share a vision of screening leading to contacting 90% of the birthing population receiving contact with appropriately trained and supervised community resources by the year 2003.

- Strategies:**
1. The Healthy Families Indiana Think Tank will develop a sample model for contacting families experiencing the birth of a child that includes options in addition to the existing assessment process.
  2. Healthy Families Indiana will provide training and technical assistance to assist sites in implementing the appropriate model for their community.
  3. Healthy Families Indiana Core Training will continue to include key elements of presenting services instead of programs to families.
  4. Healthy Families Indiana will provide sufficient core training to meet the demand for additional FRS and their supervisors.

**Goal IV Public Awareness:**

To enhance public awareness and mobilize support and uniformity for Healthy Families Indiana through information and education.

**Objective A:** Submit completed press kit to the Healthy Families Indiana Advisory Committee for approval, and pending approval, distributes to each HFI site.

**Strategies: Phase I**

1. Send copy of press kit to Advisory Chair for dissemination to the Advisory Committee.
2. Collect feedback from Advisory Committee and make any changes requested/suggested.
3. Develop dissemination plan.
4. Submit dissemination plan for approval by HFI Advisory Committee
5. Distribute Press kit
6. Collect feedback from sites and make any changes suggested. (This should occur at least annually or as needs change).
7. Refer to action step 4 in Phase II.

**Strategies: Phase II**

1. Refine talking points for the Speaker's bureau for the following groups:
  - a. Faith groups
  - b. Media Healthy groups (hospitals, Dr.'s)
  - c. Other, as identified
2. Develop and implement\* guidelines for the development of the Speaker's Bureau in the following areas:
  - a. Nomination and selection of those individuals who will be a part of the Speaker's Bureau.
  - b. Training

- c. Request and response system
  - d. Tracking
  - e. Reimbursement, per diem for Speaker's Bureau members.
3. Develop and implement\* job description or other similar descriptions of appropriate tasks for the Speaker's Bureau.
  4. Explore w/ potential partners a proposal for the development as appropriate of training for use of the Press Kit or individuals on the Speaker's Bureau.
  5. Explore development of a power point presentation that could be used by individuals on the Speaker's Bureau.
  6. \*pending approval from the HFI Advisory Committee.

**Objective B:** Completion and distribution of the video.

1. Develop and submit for approval request/ordering form.
2. Submit for approval requested changes from HFA or PCAA.
3. Send requested number to identified film producer along with approval to get started.
4. Submit sample to HFA or PCAA for final approval.
5. Develop distribution plan for approval from HFI Advisory Committee.
6. Begin exploration of "made for Indiana" film with FSSA coordinator and Ball State University program.

**Objective C:** Continue exploration of appropriate partners in the proactive campaign.

- Strategies:**
1. Explore potential/identify consulting partners for marketing plan.
  2. Develop materials and explore partnerships with WIC, local hospitals, and other potential partners.
  3. Continue to evaluate needs and respond as directed by HFI Advisory Committee.
  4. Explore and define the role of the Public Awareness Work Group in relation to the partnership with FSSA.

## **Goal V Infrastructure:**

To maintain an effective infrastructure, which supports Healthy Families, programs statewide and facilitates the accomplishment of all above goals.

**Objective A:** Healthy Families Indiana will continue a commitment to a partnership with Healthy Families America.

- Strategies:**
1. HFII will continue to use only nationally certified trainers for core training.
  2. HFI will participate on working committees of HFA.
  3. HFI will encourage appropriate participation in national meetings in collaboration and sponsorship with local partners.

4. HFI will register sites with HFA, including payment of any affiliation fees, HFA materials to HFI sites, and notify HFA of any significant successes or change of operation in HFI.
5. HFI will submit the HFA Survey/Profile Report to FSSA and HFA respectively.
6. HFA requires HFI sites and HFI Central Administration to participate in multi-site credentialing and demonstrate adherence to the standards.
7. HFI recognizes HFA national guidelines for definitions of functional responsibility at the various levels (Addendum B) Checking resource.\*\*\*\*

**Objective B:** The Program Operations Committee, the sub committee of the Healthy Families Indiana Think Tank Advisory Committee strongly recommends that the HFI Advisory Committee develop a guidebook providing roles, responsibilities and access information explaining the HFI organizational structure, particularly defining its committees and work groups. The HFI Think Tank Advisory Committee will continue to provide leadership, direction and evaluation assistance to HFI participants in the establishment of Healthy Families Indiana program goals.

- Strategies:**
1. Healthy Families Indiana will continue the statewide representation of the HFI Think Tank Membership to include:
    - a. Statewide geographic and cultural diversity
    - b. Local Healthy Families Indiana community representation
    - c. Private sector representation
    - d. Educational institutions representation
    - e. Family members who have received services
    - f. Media representation
    - g. Health professionals representation
    - h. State and/or local government representation
  2. Healthy Families Indiana will maintain a core group of leaders within the Think Tank to assist with grant development and review, Request for Funds and Broad Agency Announcements, development, quality assurance, technical assistance, and management information system.
  3. The Think Tank assures that program goals, objectives and strategies are reviewed on an annual basis.
  4. The Think Tank will establish work groups to accomplish specific objectives (See Addendum C, Work Group Job Descriptions)

**Objective C:** Maintain state-level leadership (e.g., State Coordinator) of the Healthy Families Indiana program.

- Strategies:**
1. The Healthy Families Indiana Think Tank will communicate to state administrators the importance of and need for overall state leadership supported by state funds.

2. The State Coordinator will serve as the FSSA liaison at meetings scheduled by the Think Tank Advisory Committee, the Program Operations Committee, and each of the four Think Tank Work Groups. The State Coordinator will maintain and enhance communication between the Healthy Families sites, local Office of Family and Children Directors, HFI Think Tank, and state agencies, Healthy Families America, and Prevent Child Abuse America and other national and federal organizations.

**Objective D:** The Healthy Families Indiana Think Tank and HFI state coordinator ensure that regular and accessible communication mechanisms are established for HFI staff statewide.

- Strategies:**
1. All communities served by the Healthy Families Indiana Program will be linked through a computer network.
  2. Utilizing the Internet HFI sites will take advantage of all e-mail, list serve and a secure website.
  3. Establishment of quality assurance personnel locally to provide on-site quality assurance of data and reporting within their program management information systems.
  4. A list serve will be established between supervisors and quality assurance staff to facilitate statewide discussion and communication.

**Objective E:** Maintain a central data repository as a mechanism for automated data management at the local sites and for aggregation at the state level.

- Strategies:**
1. The automation vendor will provide quarterly state aggregation of data and reporting.
  2. The Think Tank Evaluation Committee will provide oversight on the electronic database.
  3. Healthy Families Indiana will identify and pursue sources of funding to support the automation effort.
  4. Healthy Families Indiana local sites will explore their ability to obtain the necessary computer equipment for the automation system.
  5. The automation vendor, in cooperation with appropriate Healthy Families Indiana staff, will train local staff in use of the automated data management system.

# Addendum A

## 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 B

## **Additional Guidelines**

### **National Level—to promote universal, voluntary home visitation services for all new parents**

- develop national partnership and
- advocate for funding policies that support families
- disseminate information on funding sources
- disseminate research findings on home visiting and family support in general
- provide training and technical assistance to state and local level agencies/organizations (program planning, site development, management, evaluation, advocacy) track and disseminate information about the overall progress of the initiative to sites, legislators, funders, government employees, media, general public, and others.

### **State Level—to institutionalize universal, voluntary home visitation services throughout the state**

- organize state level planning groups (e.g., statewide task forces, advisory groups, etc.) to advocate for universal, voluntary home visitation services throughout their state.
- develop state public/private partnerships and
- advocate for funding policies that support families.
- provide training and technical assistance to communities on program planning, site development, management, evaluation, and advocacy.
- track information about the progress of HFI and disseminate this information to legislators, funders, government employees, media, general public, and others.

### **Local Level—to implement universal, voluntary home visitation services at the community level**

- to obtain funding for HFI programs to receive initial and ongoing training to implement home visitation services that: serve all families; work with families intensively, comprehensively, over the long term, and in a culturally sensitive and flexible manner.

## **Addendum C**

### **Healthy Families Indiana Think Tank Workgroups**

#### **A. Think Tank Description and Flow Chart**

#### **B. Job Descriptions**

- I. HFI Advisory Group (Think Tank)**
- II. HFI Program Operations Committee**
- III. HFI Training and Technical Assistance Work Group**
- IV. HFI Funding Work Group**
- V. HFI Evaluation Work Group**
- VI. Public Awareness Work Group**

## 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 Family and Social Services Administration**  
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  
Technical Assistance/State Trainers

**Evaluation**  
Program Monitoring  
Outcomes  
Data and Information Systems

**Funding**  
Public/Private Partnerships  
Funding Strategies

**Public Awareness**  
Advocacy  
Collaboration with PCA  
Information Education

**Network of HFI Sites**  
All HFI Sites are welcome and encouraged to participate in the Work Group Process

# Healthy Families Indiana Think Tank Workgroups

## Job Descriptions

### I. Healthy Families Indiana Advisory Group (Think Tank)

#### **Purpose:**

To provide recommendations to the Indiana Family and Social Services Administration (FSSA) for the development and implementation of the Healthy Families Indiana home visiting program and to maintain and assure consistent, high-quality services for parents of the birthing population. In addition, the committee will sustain and enhance the public/private partnerships that support the Healthy Families Indiana initiative.

#### **Composition of Work Group:**

The Advisory Committee consists of 15 members representing the diverse population of the state and its interests, as well as knowledge or experience with prenatal or early intervention programs. Consideration will be given to an appropriate balance between urban and rural communities and cultural diversity.

#### **Process:**

The Advisory Committee will review policy/issues and make recommendations to FSSA from the following entities:

- Program Operations Committee (which may also review the recommendations submitted for consensus of validity and program appropriateness by the work groups listed below)
- Funding Work Group
- Training and Technical Assistance Work Group (including the Quality Assurance Team)
- Evaluation Work Group
- Public Awareness Work Group
- HFI State Coordinator

At least four times each contract year, the Think Tank Advisory Committee Chair will post on the HFI web site a summary of finalized program changes and other relevant information to assure statewide communication.

### II. HFI Program Operations Committee

#### **Purpose:**

To review Healthy Families Indiana program issues/policies for consensus of program appropriateness submitted to the committee by Think Tank Work groups and other entities.

#### **Composition of Work Group:**

The Program Operations Committee is comprised of 14 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.

**Process:**

The Program Operations Committee will review assigned policy/issues submitted from the following entities and propose recommendations to the Advisory Committee for FSSA's consideration and approval:

- Funding
- Training and Technical Assistance ( including Quality Assurance Team)
- Evaluation
- Public Awareness
- HFI State Coordinator
- HFI Ad Hoc Work Groups (appointed for specific tasks)
- The chair of the Program Operations Committee will serve on the Think Tank Advisory Committee

**III. HFI Training And Technical Assistance Workgroup**

**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 of Work Group:**

A minimum of 8 to 10 persons representing diverse HFI programs sites (geographic, HFI experience, size of staff and budget) and those providing training and quality assurance management, who agree to meet on a quarterly basis for at least one year. Meetings are open and additional persons are always welcome.

**Process:**

1. Issue is referred to work group chair in writing by anyone inside or outside HFI network.
2. Issue is disseminated in writing to workgroup members prior to regularly scheduled meetings.
3. Recommendations are forwarded to Think Tank for approval based upon consensus work group members at meeting.
4. Written recommendations are submitted by the Think Tank to FSSA for approval using process that is consistent with all work groups.
4. The chair of the Public Awareness Work Group will serve on the Think Tank Advisory Committee.

**IV. HFI Funding Workgroup**

**Purpose:**

Based on the assessment of local funding needs, this committee will review, evaluate, and make funding recommendations to the Think Tank Advisory Committee and to state funders regarding available sources. In addition, this committee will provide recommendations for the annual update of the HFI Strategic State Plan.

**Composition of Work Group:**

The funding work group will be comprised of a diverse team of 7 to 10 community and state level individuals, from both the public and private sectors which include rural, urban, and culturally diverse representation.

**Process:**

All funding issues are referred to the Work Group for review, where the issues will be discussed and documented for disposition.

1. Issues are referred to work group chair in writing by anyone inside or outside HFI network.
2. Issues are disseminated in writing to workgroup members prior to regularly scheduled meetings.
3. Recommendations are forwarded to Think Tank for approval based upon consensus work group members at meeting.
2. Written recommendations are submitted by the Think Tank to FSSA for approval using process that is consistent with all work groups.
3. The Work Group Chair or designee will serve on the Think Tank Advisory Committee.

**V. HFI Evaluation Workgroup**

**Purpose:**

1. Collect and review all HFI site evaluation materials.
2. Make recommendations to the Think Tank Advisory Committee concerning evaluation activity.
3. Develop guidelines and policies for what constitutes valid evaluation.
4. Review, as they become available, evaluation results.
5. Coordinate state and local HFI evaluations.
6. Oversee and review research activity to make policy and procedure recommendations to the Think Tank Advisory Committee.
7. Review and make recommendations concerning statewide data collection.
  1. Make recommendations to the appropriate work group or special group.
  2. The chair of the Evaluation Workgroup will serve on the Think Tank Advisory Committee.

**Composition of Work Group (Maximum of 11 voting members):**

1. Statewide program evaluators
2. FSSA Representative
3. HFI Central Site contract representative
4. Datatude, Inc. representative
5. At least three, but no more than five HFI site representatives. Of these, three will be involved in the statewide evaluation.
6. An individual experienced in evaluation not contracted by any HFI site or by FSSA for HFI Program activities
7. Two individuals representing not-for-profit organizations
8. The current work group membership will solicit future membership

**Process:**

1. The issue is referred to the Work Group.
2. The issue is reviewed by Work Group members.
3. The issue for recommendation is documented by the Work Group.
4. Approval is reached through a majority vote. There will be only one voting member from any HFI Program.
5. The recommendations are forwarded to the Think Tank Advisory Committee for consideration.
4. Think Tank Advisory Committee recommendations are forwarded to FSSA for approval.

**VI. HFI Public Awareness Workgroup**

**Purpose:**

To enhance statewide efforts in the area of public awareness and mobilize support for Healthy Families Indiana through systemic advocacy, information and education.

**Composition of Work Group:**

A minimum of 8 to 10 persons representing diverse HFI programs (geographic, HFI experience) who share the desire to enhance public awareness efforts in the state and who agree to meet on a quarterly basis for at least one year. Meetings are open and additional persons are always welcome.

**Process:**

1. Issue is referred to work group chair in writing by anyone inside or outside HFI network.
2. Issue is disseminated in writing to workgroup members prior to regularly scheduled meetings
3. Recommendations are forwarded to Think Tank Advisory Committee for consideration based upon a consensus of work group members at meeting.
4. Written recommendations are submitted by Think Tank to FSSA for approval, using a process is that is consistent with all work groups.
5. The chair of the Public Awareness Work Group will serve on the Think Tank Advisory Committee.

## Contributors to the Strategic Plan

Inception of the Healthy Families Indiana State Strategic Plan began in May, 1995 at the Indiana University Institute for the Study of Developmental Disabilities Computer Laboratory with the initial funding provided by the Indiana Criminal Justice Institute.

The Plan is a working document developed by a cadre of professionals from the public/private sector, whose intent was to establish an effective infrastructure consistent with the state and national goals for families and children. Ongoing review and evaluation of the plan by the HFI Think Tank, state agencies and other public/private professionals will assure that the program goals are linked to results and continuous improvement. The first Healthy Families Strategic Plan was completed in January 1996. The plan is revised every 2 years to keep abreast of the components developed to assure positive guidance and direction necessary to the system.

During the spring of 2002, many individuals, the Think Tank Advisory Committee, the Program Operations Committee, and the Work Group membership contributed their time and expertise to incorporate FSSA's Biennium Priorities for 2003 and update credentialing standards in the revision of this document.

**The following individuals were some of those who reviewed this strategic plan:**

### **Representing the Think Tank Committees and Work Groups:**

Sharon Pierce, President, CEO

*Villages of Indiana, Chairperson of the Think Tank Advisory Committee*

Marti Temple, Program Director

*Healthy Families of Allen County, Chairperson of the Program Operations Committee*

Candy Yoder, Program Director

*Elkhart Healthy Families, Co-Chairperson of the Program Operations Committee*

Debbie Brewer, Program Manager

*Villages, Chairperson of the Training and Technical Assistance Work Group*

Sherri Rhinehart, Program Manager

*Family Service Associates of Howard County,  
Co-Chairperson of the Training and Technical Assistance Work Group*

Stephen Hinkle, Executive Director

*Easter Seals ARC of Northeast Indiana, Chairperson of the Funding Work Group*

Rachel Tobin-Smith, Executive Director

*SCAN, Inc., Co-Chairperson of the Funding Work Group*

Ann Johnson, Program Manager

*MOM Project, Chairperson of the Evaluation Work Group*

Maureen Bartow, Program Manager

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*Johnson County, Co-Chairperson of the Public Awareness Work Group*

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**Representing the Indiana Family and Social Services Administration:**

John Hamilton, Secretary  
*Family and Social Services Administration*

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# State Central Office for Healthy Families Indiana

