



Healthy Families Arizona  
Annual Evaluation Report - FY2018  
July 2017 – June 2018



LeCroy & Milligan  
ASSOCIATES, INC.

# Healthy Families Arizona, Annual Evaluation Report 2018 July 2017 – June 2018

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## Executive Summary

The Healthy Families program model is designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate *voluntarily* in the program. Families that choose to participate receive home visits and referrals from trained staff. The Healthy Families Arizona program serves families with multiple stressors and risk factors that can increase the likelihood that their children may suffer from abuse, neglect, or other poor outcomes. By providing services to under-resourced, stressed, and overburdened families, the Healthy Families Arizona program fits into a continuum of services provided to Arizona families.

### The Healthy Families Arizona Program

Healthy Families Arizona is in its 27th year, and is modeled after and accredited with, the Healthy Families America initiative under the auspices of Prevent Child Abuse America. In State Fiscal Year 2018, with combined funding from the Arizona Department of Child Safety (DCS), First Things First (FTF), and the Department of Health Services (DHS), Healthy Families Arizona provided services to families in 13 counties through 12 sites and 43 teams (3 family assessment teams and 40 home visitor teams).

### Who Does Healthy Families Arizona Serve?

A total of 4,330 families were monitored for evaluation purposes during the current study year from July 1, 2017 through June 30, 2018. Approximately 21% of the families enter in the prenatal period, and 31% of families remain more than 2 years in the program. The median length of time in the program is just under 16 months. In order to have a meaningful evaluation of the program effects, only the families that receive at least a minimal amount of program exposure are included. This restricts our dataset to 3,748 families that have received at least four home visits.

Healthy Families Arizona program families have a significant number of maternal and infant risk factors at entry into the program compared to the overall state rates. The mothers enrolled in Healthy Families Arizona are more likely to be teen parents, single parents, unemployed, undereducated, living in poverty, and receiving state funded insurance through the Arizona Health Care Cost Containment System (AHCCCS). The infants are also more likely to suffer from birth defects, be of low birth weight, be born preterm, and have positive alcohol or drug screens at birth than for Arizona as a whole as reported in state and federal data.



Risk Factors of Mothers	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Teen Births (19 years or less)	14.8%	11.4%	7.0%*
Births to Single Parents	68.8%	72.2%	48.2%*
Less Than High School Education	32.2%	32.5%	17.8%*
Not Employed	69.3%	73.6%	33.9%**
No Health Insurance	6.4%	8.7%	5.2%*
Receives AHCCCS	81.8%	78.5%	52.3%*
Late or No Prenatal Care	23.6%	34.2%	8.2%*
Median Yearly Income	\$12,000	\$13,200	\$56,581 **

Risk Factors for Infants	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Born < 37 weeks gestation	12.2%	16.3%	9.0%
Birth Defects	0.5%	0.8%	0.5%
Low Birth Weight	8.6%	13.6%	8.0%
Positive Alcohol/Drug Screen	2.8%	15.3%	2.6%

Sources: \*Arizona State Rates come from 2016 data from the Arizona Department of Health Services Vital Statistics records and the\*\* U.S. Census Bureau, American Community Survey, 2017. The Prenatal and Postnatal Families data comes from the Evaluation dataset.

## Outcomes for Families and Children Participating in Healthy Families Arizona

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on all subscales except social support at 12 months. This indicates that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect. **Parents reported significant changes over time in:**

- Increased problem solving
- Increased personal care
- Improved mobilization of resources
- Increased parenting role satisfaction
- Improved parent/child interaction
- Improved home environment
- Improved parenting efficacy
- Improved social supports
- Decreased depression

### Child Development and Wellness

Timely immunizations remain an important component for positive child health and development outcomes. The immunization rate for the children of Healthy Families Arizona participants by 24 months was 78.4% compared to a 69.6% immunization rate for 2 year-olds in the state of Arizona as a whole; and is at 92.4% for 1 year-olds in the program. Healthy Families Arizona also educates families on home safety practices. Results indicate



that for families who have been in the program for 12 months: 99.6% of participants are using car seats, 96.3% have poisons locked, and 92.4% have working smoke alarms. Developmental screens are completed at regular intervals in the Healthy Families Arizona program. Children who need further services are referred appropriately to local community services and other medical homes to promote the family's access to available concrete supports. For State Fiscal Year 2018, 91.2% of 2-year olds in the program were screened for developmental delays.

## **Child Abuse and Neglect**

Records of child abuse and neglect incidents (substantiated) were examined for program participants who had received services for at least six months. A total of 115 Healthy Families Arizona families had a substantiated case of child abuse and/or neglect out of 3,091 families that had participated in the program for at least 6 months. Healthy Families Arizona teams also provided voluntary home visitation services to a total of 772 families that were involved with the Department of Child Safety (DCS).

## **Mothers' Health, Education, and Employment**

Healthy Families Arizona also seeks to improve the health, education, and employment outcomes among mothers to increase their resilience, allowing them to be better equipped to meet their families' needs. Research shows that spacing pregnancies at least 24 months apart has positive health benefits for the mother. In FY 2018, 10.2% of mothers had a subsequent pregnancy while in the program. 2.8% of these pregnancies occurred 24 months after their prior pregnancy. This percentage is consistent with FY 2017 rate of 2.3% and a decrease from 4.5% in FY 2016.

Continued educational obtainment is also important to consider when examining the program's potential impact on maternal life course outcomes, as higher education is associated with better overall well-being and stronger family stability. Of mothers with no high school diploma or GED at intake, at 12 months post enrollment 21% had advanced their education to some level, with the majority enrolling in part- or full-time education or completing their high school education or GED. Similarly, of mothers with a high school diploma or GED at intake, 23% had advanced their education at 12 months post enrollment, including 9.7% enrolling in part- or full-time education and 13.1% completing a college degree.

Maternal employment rates in FY 2018 showed an increasing trend from baseline to 24 months post enrollment. At 6 months, 38.5% of mothers were employed either part or full time, which increased to 47.1% at 24 months. Employment rates for mothers in FY 2018 are higher than rates in both FY 2016 and 2017.





Home visitors also completed screenings and provided referrals for mental health services and substance use disorders. Substance abuse continues to be a challenge for many families, as 41.5% of families in the evaluation sample screened positive for a history of substance use/abuse at intake. Overtime, the percentage of families with a positive screen decreased from 9.0% at 6-months, to 6.4% at 12 months, and leveled off at 5% at 18- and 24-months post enrollment. A higher proportion of families were referred by their home visitor to substance use services in the community than those who screened positive using the CRAFFT assessment tool. Home visitors continue to provide referrals for substance abuse disorders based on their clinical observations and interactions with the family, regardless of whether a positive screen occurs. Additionally, over two-thirds of families received educational materials from or had a discussion with their home visitor about substance use issues.



# Introduction

Healthy Families Arizona was established in 1991 by the Arizona Department of Economic Security (now housed at the Arizona Department of Child Safety) as a home visitation service for at-risk families and is now in its 27<sup>th</sup> year. The Healthy Families Arizona program is accredited by Prevent Child Abuse America and is modeled after the Healthy Families America initiative. Healthy Families America began under the auspices of Prevent Child Abuse America (formerly known as the National Committee to Prevent Child Abuse) in partnership with the Ronald McDonald House Charities. Healthy Families America was designed to promote positive parenting, enhance child health and development, and prevent child abuse and neglect. Healthy Families America has 624 affiliated program sites in 35 States, the District of Columbia, 6 U.S. Territories, and Canada. Healthy Families America is approved as an “evidence-based early childhood home visiting service delivery model” by the US Department of Health and Human Services.

The program model of Healthy Families is designed to help expectant and new parents get their children off to a healthy start. Families are screened according to specific criteria and participate *voluntarily* in the program. Trained staff provide home visits and referrals to families that choose to participate. By providing services to under-resourced, stressed, and overburdened families, the Healthy Families Arizona program fits into a continuum of services provided to Arizona families.

## Healthy Families Arizona Statewide System

Healthy Families Arizona is an affiliated Healthy Families America (HFA) State/Multi-Site system. The Program Development Unit located within the Office of Quality Improvement under the Arizona Department of Child Safety is designated as the Central Administration for all accredited Healthy Families Arizona sites. There are five core functions of Central Administration which are designed to support the statewide system of single sites, these include quality assurance/technical assistance, evaluation, training, system-wide policy development, and administration. Each of these functions covers a set of activities and tasks that guide operations at the Central Administration level as well as at the program level. The funding structure for the Healthy Families Arizona Program is supported by three state agencies: the Arizona Department of Child Safety (DCS), First Things First (FTF), and the Arizona Department of Health Services (DHS). The DCS Central Administration supports collaboration with the three state agencies in a fully integrated system to enhance the quality of Healthy Families Services.



In State Fiscal Year 2018, funding level for the statewide system included \$8,197,894 from DCS, \$4,238,420 from FTF, and \$3,519,615 from DHS. The combined funding of \$15,955,929 from DCS, FTF, and DHS allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 260 zip code areas around Arizona. For the 2018 state fiscal year, there were 12 sites with 3 family assessment teams and 40 home visitor teams (14 DCS funded, 7 FTF funded, 11 DHS funded, and 8 receiving funding from more than one source) for a total of 43 teams. See Exhibit 1 for a list of teams funded in Fiscal Year 2018.

**Exhibit 1. Healthy Families Arizona Program Sites in State Fiscal Year 2018**

Site	Number of Teams
Cochise County / Santa Cruz County	2
Coconino County	1
Coconino County / Navajo County	3
Graham County / Greenlee County	2
Maricopa County	19
Mohave County	1
Mohave County / La Paz County	2
Pima County	7
Pinal County	2
Verde Valley (in Yavapai County)	1
Yavapai County	1
Yuma County	2
<b>Statewide</b>	<b>43</b>



## Report Overview

The purpose of this report is to provide information on families' outcomes, program performance measures, process and implementation information, and evaluation information that can be used to guide program improvement. This report covers the State Fiscal Year 2018 from July 1, 2017 to June 30, 2018. Additionally, this report also reviews recently published literature related to Healthy Families and the home visitation program.

The evaluation of Healthy Families Arizona includes both process and outcome evaluation. The process evaluation includes an update of statewide implementation, describes the characteristics of families participating in the program, and provides general satisfaction of families participating in the program. The outcome evaluation examines program outcomes and looks at the program's impact across a number of measures, with comparisons to previous years when appropriate and available. Detailed appendices provide specific site data on process and outcome variables. The description of evaluation methodology outlines the methods used for each part of the report.

The 2018 Annual Evaluation Report has been designed to provide vital information and reporting of yearly data for basic accountability and credentialing. Currently, the Healthy Families Arizona evaluation also includes the creation and distribution of quarterly cumulative performance reports for ongoing program monitoring. These reports are used during quality assurance and technical assistance site visits to review and assess progress on key program activities, including administration rates for developmental screenings and parenting skills inventories, attainment of immunization data, and substance abuse screening. In addition, these reports are used by providers to complete Healthy Families America required yearly and two-year analyses.

The next section addresses recent policy changes, data, and research as it relates to Arizona's children, home visitation, and Healthy Families Arizona. This section helps to provide some context for the process and evaluation outcome sections that follow.



# Research and Policy Updates

## Current Research in Home Visitation

Two widely cited reports that have reviewed multiple research studies on the impact of home visitation suggest home visitation can lead to important outcomes. A study by Nievar, Van Egeren, and Pollard (2010) examined 29 studies and summarized the results as having a modest impact on outcomes. The authors concluded, “home visitation for low-income or at-risk families improves maternal behavior” (p. 13). A study by Filene, Kaminski, and Valle (2013) examined 51 studies and also found an impact from home visitation services and noted the effects varied by category with maternal life course, child cognitive outcomes, and parent behavior and skills showing positive impacts.

A study examining 46 Early Childhood programs (Grindal, et al., 2015) found that programs by themselves did not show benefits to children’s cognitive and academic development, however, outcomes were present when Early Childhood programs included home visitation and opportunities to practice parenting skills.

Home visitation research has had an increasing interest in implementation. Research findings suggest that program outcomes are impacted by various implementation factors such as retention, home visits completed, curriculum content covered, alliance with the home visitor, and caseload (Nievar et al., 2010). Because of these variations it is important to study program outcomes across a variety of programs and in multiple settings. In a 2015 review of implementation of evidence-based home visitation, Casillas, Fauchier, Derkash, and Garrido (2015) reviewed 156 studies and found the following implementation factors were related to positive outcomes: training, supervision, and fidelity monitoring.

Over the past decade, seven randomized trials have been conducted of the Healthy Families program (see DuMont et al., 2008; Jacobs et al., 2015; LeCroy & Krysik, 2011; LeCroy & Davis, 2016; LeCroy & Lopez, 2018; Rausch, McCord, Batista, & Anisfeld, 2012; Rodriguez, Dumont, Mitchell-Herzfeld, Walden, & Greene, 2010; and Green, Tarte, Harrison, Nygren, & Sanders, 2014). These studies add different findings in terms of outcomes, populations, subgroups, and settings. For example, the Jacobs et al. (2015) study focused on adolescent parents and key findings included decreased stress, improved educational attainment, less risky behavior, and less intimate partner violence among the Healthy Families participants. Rausch et al. (2012) focused on a Dominican immigrant population and found that participation in the intervention resulted in increased use of primary care physicians, increased breastfeeding, and improved child development outcomes when compared to a control group.



Rodriquez et al. (2010) examined impacts based on observational data and found the program was effective in fostering positive parenting behaviors such as responsivity and engagement when contrasted to the control group; additionally, a subgroup of first-time mothers revealed significantly less harsh parenting practices than the control mothers. LeCroy and Lopez (2018) conducted a randomized controlled trial that examined 6-month and 1-year follow up data. Results favored the Healthy Families intervention group over time in comparison to the control group in: use of resources, improved home environment, fewer subsequent pregnancies, increased problem solving, and reduced violence in the home.

Current research in the home visitation field continues to focus on outcome studies, implementation studies, and studies of “precision home visiting.” Precision home visiting is a current focus of the Home Visiting Applied Research Collaboration. The collaboration explains the need for better understanding of home visitation research through precision home visiting: “Home visitors know that what works for one family might not work for another. Precision home visiting using research to identify what aspects of home visiting work for which families in what circumstances.” Simply stated, more research is needed to determine what aspects of home visitation work best with different types of families.

## **KIDS COUNT: The Status of Children in Arizona**

Since 1990, the Annie E. Casey Foundation, a private national philanthropy, has compiled and published an annual *KIDS COUNT Data Book*<sup>1</sup>. The purpose of KIDS COUNT is to provide national and state level data on the well-being of children living in the United States. The KIDS COUNT indicators are collected across all states at least biannually for children from birth through high school. There are a total of 16 indicators within four domains that are used to develop the overall rankings for each state to determine how well they are meeting the needs of their children. These indicators are used to show trends over time in child well-being. For states, the most currently available data is collected, and states are ranked within each category based on the indicators and given an overall ranking.

Overall, from a national perspective, children have seen improvements in the Economic Well-Being domain, mixed results in the Education, Health, and Family and Community domains. This is different than last year where both Economic Well-Being and Health saw improvements. The four domains with their indicators, along with the rates for the United States and Arizona, are shown in Exhibit 2.

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<sup>1</sup> See <https://www.aecf.org/m/resourcedoc/aecf-2018kidscountdatabook-2018.pdf>.



In the **Child Health domain**, the percentage of children without health insurance has decreased in both Arizona (13% in 2010 and 7% in 2016) and nationally (8% in 2010 and 4% in 2016). The rate of low-birthweight babies is slightly worse nationally at 8.2% of infants in 2016, compared to 7.3% in Arizona in 2016. However, Arizona's rate of low-birthweight babies has slightly increased in 2016, compared to 7.1% in 2010. Child and Teen Deaths per 100,000 remained the same both nationally and in Arizona. Arizona's national state ranking improved over time in the Child Health domain, ranking 45<sup>th</sup> in 2016, 40<sup>th</sup> in 2017, and 38<sup>th</sup> in 2018. These rankings are out of 50 states, with 50 being the worst state ranking. Arizona's 2018 Child Health domain ranking of 38<sup>th</sup> is the state's best national ranking compared to the other three domains.

The **Economic Well-Being domain** showed positive changes for Arizona in three areas, while national improvements were observed in all four areas. In Arizona, no change was observed over time in the percentage of children living in poverty, with 24% in both 2010 and 2016. In comparison, national rates showed a slight decline from 22% in 2010 to 19% in 2016. The remaining three Economic Well-Being indicators showed improvements both nationally and in Arizona. In Arizona, the rate of children with parents that lack secure employment dropped from 35% in 2010 to 31% in 2016. Additionally, the rate of teenagers not in school or working decreased from 12% in 2010 to 9% in 2016. The greatest improvement observed in Arizona's Economic Well-Being indicators is that a fewer percentage of children are living in households with a high housing cost burden, which decreased from 43% in 2010 to 32% in 2016. Despite these improvements, Arizona's national state ranking has gotten worse over time in the domain of Economic Well-being, from 39<sup>th</sup> in 2016, to 43<sup>rd</sup> in 2017, and 46<sup>th</sup> in 2018.

In the **Education domain**, Arizona saw improvements in all four indicators, however national indicators remain lower than Arizona overall. Arizona's rate of young children not in school decreased from 66% in 2010 to 62% in 2016. This rate is higher than the national rate of 52% for both time periods. Likewise, the rates of student academic proficiency and on-time high school graduation have improved over time in Arizona, however these three indicators still trail the national rates. For the Education domain, Arizona's state ranking got worse from 44<sup>th</sup> in 2017 to 45<sup>th</sup> in 2018.

In **Family and Community domains**, while Arizona continued to trail behind the national rates, the state saw improvements in two of the four indicators. Arizona's teen birth rate dropped from 42 per 1000 births in 2010 to 24 per 1000 births in 2016. Additionally, the percentage of children in families where the household head lacks a high school diploma decreased from 19% in 2010 to 17% in 2016. Despite these gains, a slight increase was observed over time in the percentage of children living in single-parent households (37% in 2010 and 38% in 2016) and the percentage of children living in high-poverty areas (22% in



2010 and 23% in 2016). Arizona’s state ranking in the Family and Community domain remained consistently poor at 46<sup>th</sup> in 2016, 2017, and 2018.

Exhibit 2. 2018 Kids Count Profile for the United States and Arizona

Domains and Indicators	United States		Arizona	
	2010	2016	2010	2016
<b>Economic Well-Being</b>				
Children in poverty	22%	19%	24%	24%
Children whose parents lack secure employment	33%	28%	35%	31%
Children living in households with a high housing cost burden	41%	32%	43%	32%
Teens not in school and not working	9%	7%	12%	9%
<b>Education</b>				
Young children not in school	52%	52%	66%	62%
Fourth graders not proficient in reading	68%	65%	75%	70%
Eighth graders not proficient in math	67%	67%	71%	66%
High school students not graduating on time	21%	16%	22%	21%
<b>Health</b>				
Low-birthweight babies	8.1%	8.2%	7.1%	7.3%
Children without health insurance	8%	4%	13%	7%
Child and teen deaths per 100,000	26	26	28	28
Teens who abuse alcohol or drugs	7%*	5%	8%*	6%
<b>Family and Community</b>				
Teen births per 1,000 births	34	20	42	24
Children in single-parent families	34%	35%	37%	38%
Children living in high-poverty areas	13%	13%	22%	23%
Children in families where the household head lacks a high school diploma	15%	14%	19%	17%

\*These rates are from the 2017 Kids Count Profile as they are listed as N/A in 2018.





Overall, Arizona ranked worse than the national trend in 13 of the 16 child well-being indicators measured in 2016. In 2018, Arizona ranked 45<sup>th</sup> out of 50 states (with 50<sup>th</sup> being the worst ranking) in overall child well-being, oscillating between 45<sup>th</sup> and 46<sup>th</sup> for the last four years. These indicators demonstrate the strong need for Healthy Families Arizona, which provides additional supports to families and helps mitigate the risk of experiencing poor outcomes in early childhood and in transitioning to adulthood.

Arizona is ranked 45<sup>th</sup> out of 50 states in child well-being (with 50 being the *worst* ranking).

Arizona ranked worse than the national average in 13 of 16 child well-being indicators.

## Federal Policy Changes and Home Visitation Programs

According to the *2017 Home Visiting Yearbook* (National Home Visiting Resource Center, 2017), through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), the federal government has bolstered evidence-based home visiting since 2010, investing \$1.85 billion for services, research, and local infrastructure to develop early childhood systems. Approximately 40% of all counties in the United States have at least one local agency offering evidence-based home visiting services. Healthy Families is one of the home visiting models that currently meets rigorous federal HHS agency criteria for evidence of effectiveness. This is significant as federal policy concerning how home visiting programs can be funded has shifted significantly with the passage of the *Family First Prevention Services Act within Division E, Title VII of the Bipartisan Budget Act of 2018*. The legislation is scheduled to take effect in October of 2019.

The *Family First Prevention Services Act* revises how states can elect to fund and provide Title IV-E prevention services, including “In-home parent skill-based programs that include parenting skills training, parent education, and individual and family counseling”. Title IV-E funds can be used for prevention services that allow “candidates for foster care” to stay with their parents or relatives. These types of prevention services now must meet the following criteria as a result of this new federal legislation:

Programs and services must be trauma-informed. Trauma informed approaches are defined as “The services or programs must be provided under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma’s consequences and facilitate healing”.

Programs and services must be provided in accordance with general practice requirements and promising, supported, or well-supported practices.



*General Practice Requirements* include: (1) the practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice; (2) there is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it; (3) if multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice; (4) Outcome measures are reliable and valid, and are administrated consistently and accurately across all those receiving the practice; and (5) There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

*Promising Practice Requirements* include: The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that: (1) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; and (2) utilized some form of control (such as an untreated group, a placebo group, or a wait list study).

*Supported Practice Requirements* include: The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that: (1) was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; (2) was a rigorous random-controlled trial (or, if not available, a study using a rigorous quasi-experimental research design); (3) was carried out in a usual care or practice setting; and (4) established that the practice has a sustained effect (when compared to a control group) for at least 6 months beyond the end of the treatment.

*Well-Supported Practice Requirements* include: The practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of: (1) at least two studies rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed; (2) at least two studies that were rigorous random-controlled trial (or, if



not available, a study using a rigorous quasi-experimental research design); (3) at least two studies that were carried out in a usual care or practice setting; and (4) at least one of the studies must have established that the practice has a sustained effect (when compared to a control group) for at least 1 year beyond the end of treatment.

In addition, states must meet certain outcome assessment and reporting requirements. An evaluation strategy must be included for each program or service in the state's five-year prevention plan.

This change in federal policy, prioritizes keeping families together and puts more money toward in-home parenting classes, mental health counseling and substance abuse treatment – and puts limits on placing children in institutional settings such as group homes. It is viewed as the most extensive overhaul of foster care in nearly four decades. Under the new law, states may use matching federal funding to provide at-risk families with up to 12 months of mental health services, substance abuse treatment and in-home parenting training to families. Eligible beneficiaries are the families of children identified as safe staying at home; teen parents in foster care; and other parents who need preventive help so their kids don't end up in the system. States must also come up with a plan to keep the child safe while remaining with parents.

It is important to recognize the recent significant improvements to many components of the child welfare system in Arizona – elimination of a 16,000-case backlog, a foster care population drop by 19% and a drop in worker caseloads. The *Family First Prevention Services Act* will also drive change for how home visiting programs in Arizona are funded, implemented and evaluated. The increased focus on trauma-informed services and more rigorous measurement of program outcomes will have significant impacts for how home visiting program staff are trained, how fidelity to evidence-based models is monitored, and how the outcomes of home visiting models in Arizona are evaluated for different types of families. It will be more critical than ever to have valid and reliable information on which in-home service models work best for which types of families.



## Best Practices in Discussing Assessments and Outcomes with Families

Families are interested in how well their children are doing and want to know how they can help their children and family grow stronger and healthier. Sharing data and information through the array of assessments and surveys that home visitation programs require can be a rich opportunity to engage families in understanding why “outcomes” matter so much. Healthy Families America Best Practice Standards are based on principles that foster key elements such as family involvement, strengths-based practice, reflective practice, standardized assessments, cultural competence, and others. Involving families as partners throughout the continuum of their child’s growth and development must include careful consideration and implementation of the assessment process and its results. Growing attention has been given to implementing strategies that will encourage parents and caregivers to be full participants as informants and team members in gathering and using assessment information. Three aspects of the outcome assessment process are frequently discussed in the literature (see, for example, Rutland & Hall, 2013; Harvard Family Research Project, 2013).

- 1) **Inform families about child and family outcomes by explaining outcomes and the measurement process to families.** The Harvard Family Research Project (2013) refers to the importance of creating a “data-sharing culture” among practitioners and families. This practice includes talking with families about *why* it is important to see growth and change in their children and families, and *how* the assessments and tools used in the program helps to capture or document change (outcomes). Home visitors can use a variety of methods to describe the purpose of collecting data through assessments and surveys, so that families understand how “data” helps families to see progress over time and helps the program to learn and make improvements. One program (Early Intervention Colorado) emphasized how they consider parents as important consumers of their information by creating a tip sheet for families that outlines the following questions:
  - a. Why are child and family outcomes measured?
  - b. How can families be involved?
  - c. How are child outcomes measured?
  - d. What are “outcomes”?
  - e. When are outcomes measured?
  - f. What will happen with the information that is collected?
  - g. Where can families get more information?



- 2) **Actively include families in the measurement process of collecting child and family outcomes.** A common complaint among programs is that families are bombarded with a range of assessments that are burdensome to all involved. However, the notion that an assessment can also be a form of intervention reveals the importance of using the assessment process as a strategy to strengthen the working alliance between parents and home visitors (Finn & Tonsager, 1997; Fischer, 1994). Examples of strategies to ensure families participate in collecting meaningful information include: using multiple options and formats of assessments; using a strengths-based, individualized approach; interacting in natural environments (e.g., in homes); adhering to a well-developed and engaging administration protocol; and engaging families throughout the process (e.g., inviting questions about the experience of taking a survey and outlining next steps for learning about the results of the survey).
  
- 3) **Review child and family outcomes data with families by engaging in a mutual discussion about assessment results in terms of strengths, needs, and goals.** It is important to remember that an assessment is only one source of information that can be combined with other important perspectives on a family's situation and needs, including the parent's expressed concerns, the home visitor's clinical judgment, other assessments, family history, and so on. Interpretations of scores should be validated through discussing the issue with one's supervisor, as well as the parent. It is important to consider that an intervention may be a great fit for one family, but ill-suited for another family, even if both families demonstrate concern in similar areas. Practice tips for reviewing results with families include: careful planning to determine 2-3 areas of the assessment to explore further with the parent, based on strengths and priority concerns; asking for feedback about the accuracy or relevance of the findings; seeking the family members' interpretation of results; bringing resource materials, referrals, and curriculum activities that address priority areas; using family friendly materials to discuss concepts; and avoiding using score sheets for discussion.

The use of outcome tools and assessments can provide a valuable opportunity to empower and engage families in examining how they grow and change over time. When data and information from outcome instruments is used for reflection and case planning with the family, meaningful skills and behaviors can be targeted more specifically for the family's development, and progress may be more readily observed by both the family and home visitors.



# Healthy Families Arizona Program Updates

## Training and Professional Development

During the state fiscal year 2018, Healthy Families Arizona staff participated in a variety of professional development opportunities.

- On August 28 - 31, 2017, Healthy Families Arizona Central Administration attended the Healthy Families America National Conference in New Orleans. In addition, Central Administration paid for several additional members of the network to attend the conference. The conference included several keynote speakers, break-out sessions, and networking opportunities with Healthy Families programs from all over the country.
- On October 12<sup>th</sup>, 2017, network members who attended the Healthy Families America conference presented conference highlights at the 4<sup>th</sup> quarter statewide supervisor's meeting.
- One trainer completed her mentorship process and is now a certified Parent Survey for Community Outreach (PSCO) trainer for our state.
- On September 6-7, 2017, Central Administration statewide coordinators and network members attended the Strong Families Conference, a free conference for home visitors sponsored by Arizona Department of Health Services (ADHS) through the Maternal Infant and Early childhood Home Visitation Program (MIECHV) grant. The conference includes key-note speakers, workshops, resource/information booths, and opportunities for networking with other home visiting professionals.
- Central Administration continues collaboration with the evaluation team, LeCroy & Milligan Associates, to support consistent delivery of Core training.
- On October 23-26, two members of the Central Administration team attended Healthy Families America Implementation training in New Orleans. This fulfilled a requirement for Arizona's multi-site system status, but it also provided staff with valuable training that will be used in Arizona when providing quality assurance and technical assistance to providers.
- On April 26<sup>th</sup> at the Healthy Families Arizona 2<sup>nd</sup> Quarter Statewide Supervisor's meeting, Central Administration scheduled training on pregnancy, families and Medication Assisted Treatment. This information assisted the network to identify strategies on how to best serve families with a history of substance dependency and/or substance exposed newborns.



## Quality Assurance and Technical Assistance

During FY 2018, the Quality Assurance and Training Assistance (QA/TA) team experienced staff restructuring that included the promotion of a statewide coordinator to a newly created statewide program manager position, and the hiring of two new statewide coordinators. All three members of the team have extensive experience with the Healthy Families Arizona program and were members of the network at provider levels in various roles prior to joining the Healthy Families Arizona Central Administration team.

## Collaboration between First Things First, Arizona Department of Health Services and Department of Child Safety

Healthy Families Arizona Central Administration continues to participate in statewide coalitions to increase collaborative efforts with First Things First (FTF) and the Arizona Department of Health Services (ADHS). Healthy Families Arizona Central Administration focuses on maintaining healthy working relationships with FTF and ADHS to support model fidelity and consistency across the program's statewide evaluation, training, quality assurance, technical assistance, program development, administration, and any other program related activity. Collaboration occurs in a variety of settings both formally and informally. Healthy Families Arizona Central Administration discusses budget and funding frequently with ADHS and reviews monthly reports and billing. In addition, Healthy Families Arizona Central Administration participates in the Inter-agency Leadership Team which is a joint effort between DCS, ADHS, FTF, and several other agencies to work collaboratively to improve services offered to Arizona families. MIECHV funding received through ADHS requires participation in a Continued Quality Improvement (CQI) component by MIECHV funded Healthy Families sites to improve outcomes such as child immunizations rates throughout the state.

Beginning in 2018, Healthy Families Arizona Central Administration began an extensive collaborative project with FTF and ADHS to update and modify the forms used across all Healthy Families Arizona teams. These efforts were to prepare all of Healthy Families Arizona in the AZ Efforts to Outcomes (ETO) database system previously used only by MIECHV teams. The transition of teams use of the ETO system will be multi-staged, with the goal of having all teams using ETO during the first quarter of 2019. This data system will then be able to provide information for Healthy Families Arizona both the entire network as well as for the individual funders.



# Evaluation Methodology

The Healthy Families Arizona evaluation includes both a process and outcome evaluation component. The primary questions for the **process** evaluation include:

- Who participates in the program?
- What are the services provided?

The primary question for the **outcome** evaluation is:

- What are the short- and long-term outcomes for families in the program across the following indicators: parent outcomes; child development and wellness; mother's health, education, and employment; and child abuse and neglect.

## Process Evaluation

This report presents process evaluation results on the program "inputs," such as numbers served, participant characteristics, and services received. Information relative to Critical Elements and expected standards from Healthy Families America are also provided as a benchmark for assessing aspects of implementation. The primary data for the process evaluation comes from the management information system developed for Healthy Families Arizona. Sites are required to submit data into this system that captures enrollment statistics, number of home visits, administration of assessment and outcome forms, descriptions of program participants, types of services provided, and other relevant information.

## Outcome Evaluation

The overall aim for the outcome evaluation component is to examine program effects and outputs, at both the parent and child level, on several different outcomes. The evaluation team has worked together with program staff to develop and select key program measures that are used to provide feedback and measure the program's ability to achieve specific outcomes. The primary activities of the outcome evaluation are to:

- Examine the extent to which the program is achieving its overarching goals;
- Examine the program's effect on short term goals; and
- Examine the extent to which participant characteristics, program characteristics, or community characteristics moderate the attainment of the program's outcomes.





For most of the outcome measures, Healthy Families home visitors collect baseline (pretest) data and follow-up data of program participation at 6 months, 12 months, 18 months, and 24 months. Additional information is collected until a child reaches 60 months, but limited information after 24 months is collected for evaluation purposes. Information on families up to 60 months (or completion of program) is used for provider program analysis as well as during Quality Assurance Site visits. The outcome evaluation also includes examination of substantiated cases of child abuse and neglect obtained through the Department of Child Safety’s CHILDS database. The CHILDS database is the DCS child welfare case management system.

The process and outcome components of the evaluation were developed and guided by the logic models for both the prenatal and postnatal programs. The logic models align with the Healthy Families America Best Practice Standards and are presented in the Appendices.



## Healthy Families Arizona Participant Characteristics

Data were submitted for a total of 4,330 families for evaluation purposes during the current study year from July 1, 2017 through June 30, 2018. A total of 2,051 were funded through the Department of Child Safety; 1,156 through First Things First; and 1,054 through MIECHV. An additional 69 families have outside funding in the Maricopa County area. In prior reports due to contractual requirements, the evaluation of the statewide Healthy Families Arizona system included only families with children that are 24 months old or younger. Starting with fiscal year 2017, the annual evaluation analysis includes families with children up to 60 months. The outcomes reported in the annual evaluation report will, however, continue to primarily focus on data reported up through 24 months as it will take several years for additional data to be collected consistently and with a large enough sample size for evaluation to include later time points.

To ensure a meaningful evaluation of the program effects, only the families that receive at least a minimal amount of program exposure are included. This is defined as four home visits so that families have been in the program long enough to commit to participating and the home visitor have been able to utilize some supportive curriculum before the family exits the program. This restricts the dataset to include only those families with full data showing that they have received at least four home visits. Data for 3,748 families are included in this report. Thus, the data for this report focuses on families who were “actively engaged” (received four or more home visits) in the Healthy Families program regardless of when they entered the program.

A total of 18.5% of the families in the evaluation sample entered the program in the prenatal period (prenatal participants) and 81.4% of the families entered the program after the birth of the child (postnatal participants). For the July 2017 to June 2018 evaluation cohort, there were 695 prenatal and 3,053 postnatal families. Exhibit 3 presents the total number of prenatal and postnatal families actively engaged from July 1, 2017 to June 30, 2018 by site.



Exhibit 3. Participants Included in the Evaluation for State Fiscal Year 2018

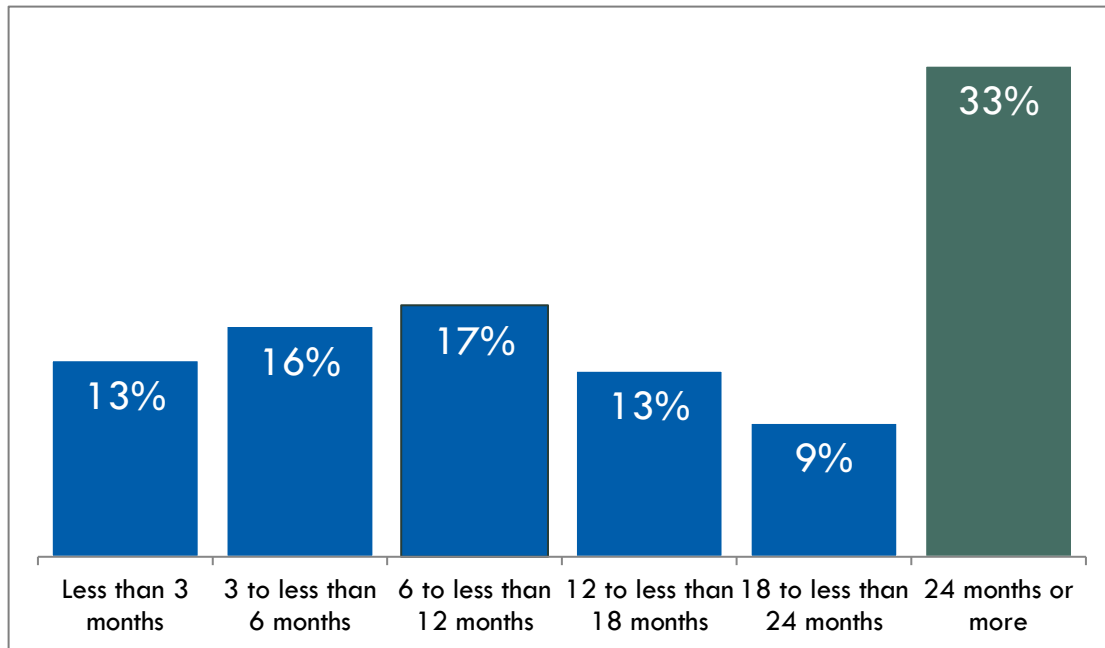
County	Site	Prenatal	Postnatal	Total
Cochise	Team # 12	9	73	82
Coconino	Team # 18	26	65	91
	Team # 13	27	52	79
	Team # 90	8	19	27
Graham/ Greenlee	Team # 28	19	52	71
	Team # 92	17	49	66
Maricopa	Team # 2	15	111	126
	Team # 3	11	84	95
	Team # 5	20	96	116
	Team # 19	14	77	91
	Team # 23	27	104	131
	Team # 48	18	123	141
	Team # 61	20	121	141
	Team # 62	14	113	127
	Team # 64	30	107	137
	Team # 65	15	88	103
	Team # 68	16	86	102
	Team # 71	7	84	91
	Team # 80	22	98	120
	Team # 83	19	106	125
	Team # 84	15	100	115
Team # 88	9	91	100	
Team # 89	19	77	96	
Mohave	Team # 33	49	107	156
Mohave/La Paz	Team # 17	2	15	17
	Team # 91	3	8	11
Navajo	Team # 32	12	42	54
Pima	Team # 8	16	76	92
	Team # 9	7	20	27
	Team # 10	25	96	121
	Team # 11	23	85	108
	Team # 27	15	98	113
	Team # 81	19	114	133
Pinal	Team # 82	24	47	71
	Team # 85	2	32	34
Santa Cruz	Team # 6	33	76	109
Yavapai	Team # 21	10	78	88
	Team # 87	11	28	39
Yuma	Team # 15	21	74	95
	Team # 70	26	81	107
<b>Total</b>		<b>695</b>	<b>3,053</b>	<b>3,748</b>



## Length of Time in Program and Reasons for Termination

Healthy Families America (HFA) Best Practice Standards recommends that services are offered until the child is a minimum of three years old and can continue up to age five. In State Fiscal Year 2018, a total of 1,478 of the 3,748 families in the evaluation sample closed during the year. Of the 3,748 families served, 1,048 enrolled during fiscal year 2018. For the newly enrolled families 330 closed (31.5%), for a retention rate of 68.5% which is a decrease from 75.1% in FY 2017, 72.5% in FY 2016, and similar to the FY 2015 rate of 68.6%. The median number of days in the program for families in FY 2018 is 426 compared to 491 in FY 2017, and 506 in FY 2016. One-third (33%) of all families receiving services are in the program for more than 2 years (Exhibit 4).

Exhibit 4. Families' Length of Time in Program for State Fiscal Year 2018



In 2018, a total of 1,478 families in the evaluation sample closed compared to 1,356 in 2017. For all families who closed in 2018, nearly one third had participated for more than 24 months. Exhibit 5 shows the distribution of length of time that families stayed in the program for all families who closed in FY 2018.



Exhibit 5. Families' Length of Time to Closure for State Fiscal Year 2018

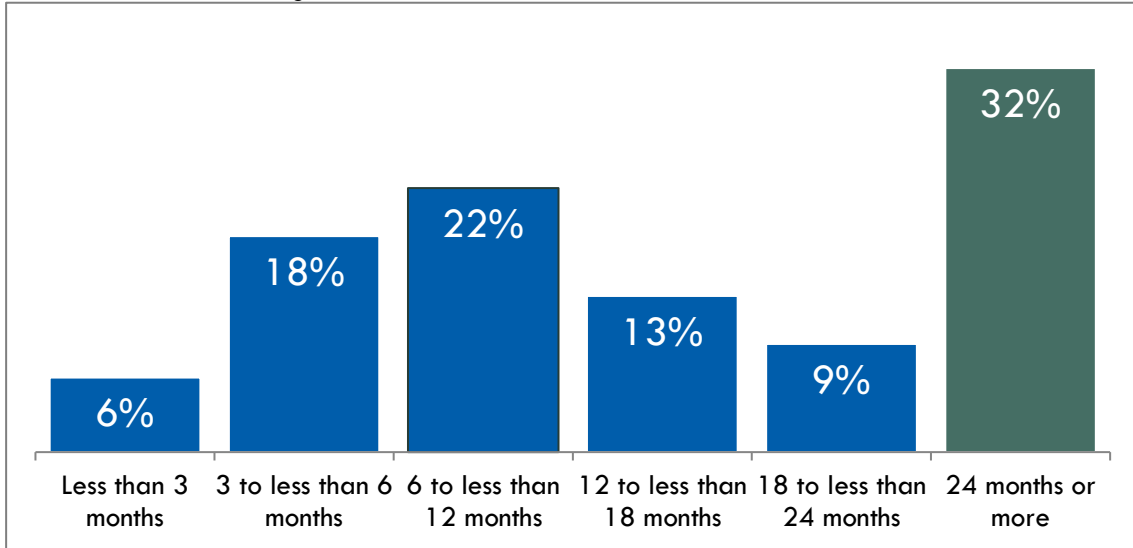


Exhibit 6 shows the most frequent reasons families left the program in FY 2018, by prenatal and postnatal status and in total. The most common reasons a *postnatal* family's case was closed in FY 2018 was due to families refusing further services, completing the program, or not responding to outreach efforts. For *prenatal* families, the family moving away was the most frequent reason, followed by refusing further services and program completion. In addition to these reasons, 9% of families closed due to the closure of the local program site. A breakout by site is presented in Appendix A.

Exhibit 6. Most Frequent Reasons for Termination State Fiscal Year 2018

Reason	Prenatal	Postnatal	Overall
Family refused further services	15.3%	17.9%	17.4%
Completed Program	13.9%	17.2%	16.6%
Did not respond to outreach efforts	11.1%	15.1%	14.4%
Self-sufficiency	9.7%	11.7%	11.3%
Moved away	15.6%	11.2%	12.0%



## Caregiver Race and Ethnicity

The Healthy Families Arizona program serves a culturally diverse population. Exhibits 7 through 11 show data on parents' ethnicity and race for mothers and fathers, based on information gathered at enrollment. Exhibit 9 shows that over half of both mothers (56%) and fathers (52%) enrolled in the program self-identify as Hispanic. Site level data for race and ethnicity are available in Appendix A.

Exhibit 7. Parents' Ethnicity in State Fiscal Year 2018

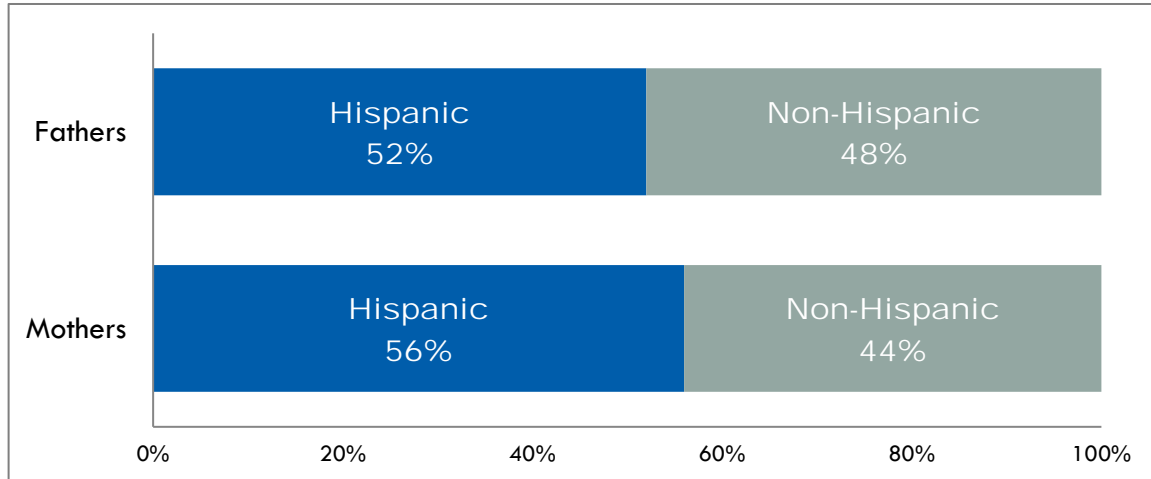


Exhibit 8. Mother's Race\* in State Fiscal Year 2018

\*This includes all mothers who entered the program either prenatally or postnatally.

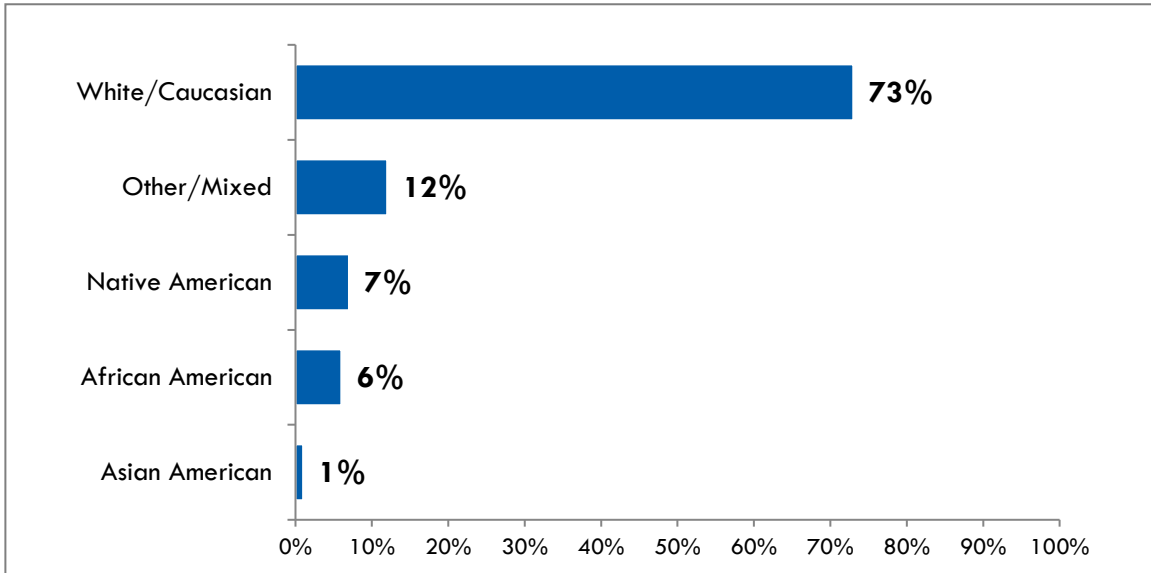
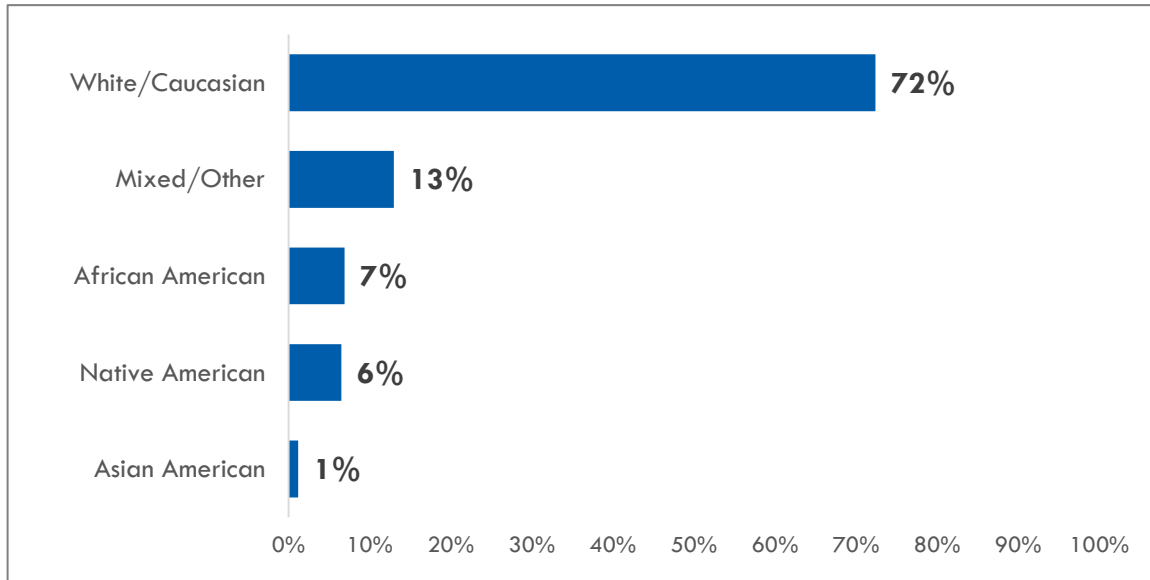


Exhibit 9. Father's Race\* in State Fiscal Year 2018



\*This includes all fathers who entered the program either prenatally or postnatally.

## Maternal Risk Factors

Upon enrollment into Healthy Families Arizona, both prenatal and postnatal mothers have certain risk factors that are higher than the average rates for all mothers in the State of Arizona. Exhibit 10 presents selected risk factors for both prenatal and postnatal mothers at intake compared with state rates.

Exhibit 10. Selected Risk Factors for Mothers at Intake in State Fiscal Year 2018

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona State Rates
Teen Births (19 years or less)	14.8%	11.4%	7.0%*
Births to Single Parents	68.8%	72.2%	48.2%*
Less Than High School Education	32.2%	32.5%	17.8%*
Not Employed	69.3%	73.6%	33.9%**
No Health Insurance	6.4%	8.7%	5.2%*
Receives AHCCCS	81.8%	78.5%	52.3%*
Late or No Prenatal Care	23.6%	34.2%	8.2%*
Median Yearly Income	\$12,000	\$13,200	\$56,581 **

Source: Prenatal and Postnatal Families data from the Healthy Families Arizona FY 2018 data. \*2016 data from the Arizona Department of Health Services Vital Statistics records. \*\*U.S. Census Bureau, American Community Survey, 2017. Note: Percentages for the combined total for prenatal and postnatal families can be found in Appendix A.



The percentage of Healthy Families Arizona mothers who are teenagers is still higher than the overall rate for Arizona; however, the percentage has continued to decrease in recent years. In 2018, 14.8% of prenatal mothers and 11.4% of postnatal mothers enrolled are teens compared to 16.4% and 11.8% in 2017, 17.7% and 12.0% in 2016, 18.5% and 14.1% in 2015, and 20.9% and 16.4% in 2014, respectively.

The majority of all mothers are single (71.5%) at enrollment, with only 28.5% of mothers married at enrollment. Almost a third of mothers enrolled in Healthy Families Arizona have less than a high school education (32.5%) compared to less than one in five of all mothers in the State (17.8%). Just under three quarters (72.8%) of Healthy Families Arizona mothers are unemployed and 79.1% are receiving AHCCCS at enrollment. The median income of the enrolled mothers is below the 2018 Federal Poverty Level (\$16,460 for a family of 2), indicating that many participants are living in poverty. In relation to the state and national rates, these data confirm that Healthy Families Arizona participants do represent an “at-risk” group of mothers and that the program has been successful in recruiting families with multiple risk factors associated with child abuse and neglect and poor child health and developmental outcomes.

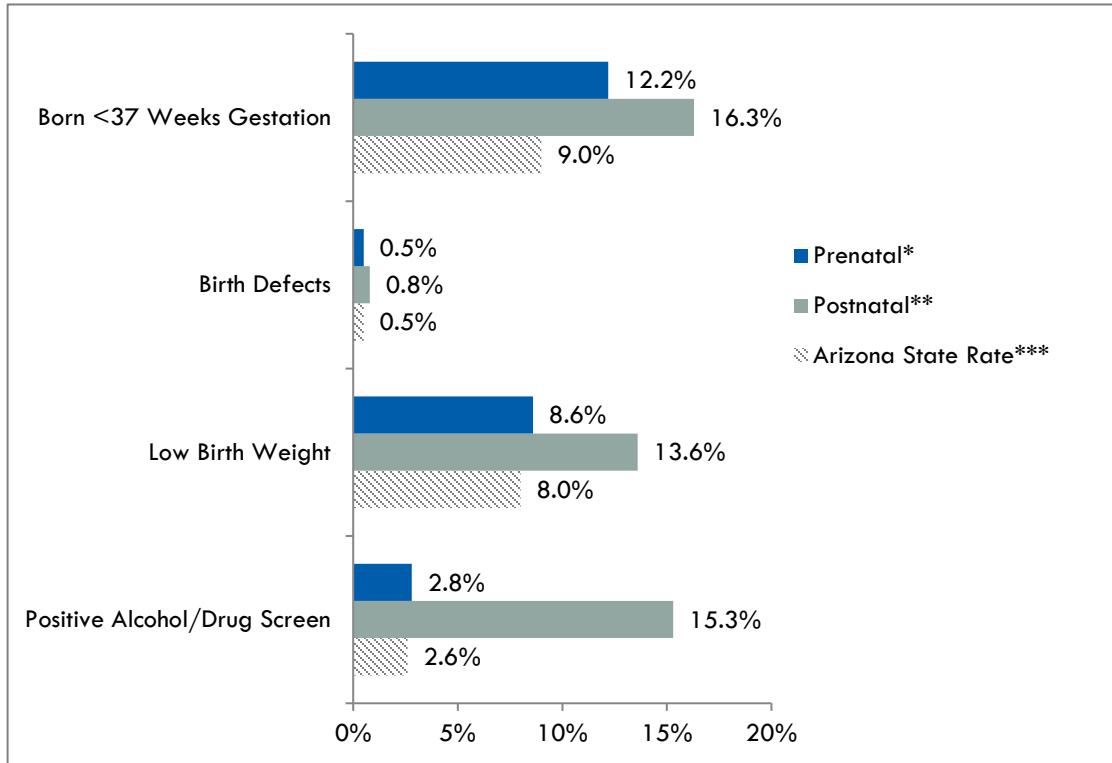
## Infant Risk Factors

In addition to mother risk factors, information about infant risk factors is collected at intake for postnatal families and at birth for prenatal families. This information gives an indication of the intensity level of services needed for families enrolled in the program. The overall risk factors for infants in FY 2018 are similar to prior years. The percentage of Healthy Families Arizona program infants born early (less than 37 weeks gestation) remains higher than the overall state rate, suggesting that the families being identified for service have a significant level of need. For families who enter the program postnatally, the percentage of low birth weight infants remains high in comparison to the state rate. For positive alcohol/drug use at birth the state rate saw an increase from 1.9% to 2.6%, and in postnatal families in Healthy Families there was an increase from 15.3% from last year to this year. For those families who enter the program in the prenatal period, the incidences of low birth weight and positive alcohol/drug screen are lower than the postnatal families and close to the state rate. Exhibit 11 shows the prenatal, postnatal, and Arizona State rates for a set of infant characteristics that are considered in the field to be risk factors for child maltreatment.





Exhibit 11. Risk Factors for Infants in State Fiscal Year 2018



\*The Family Support Specialist collects this information either from the family or from a DCS referral form for prenatal families.

\*\*Family Assessment Workers collect this information from hospital records for postnatal families.

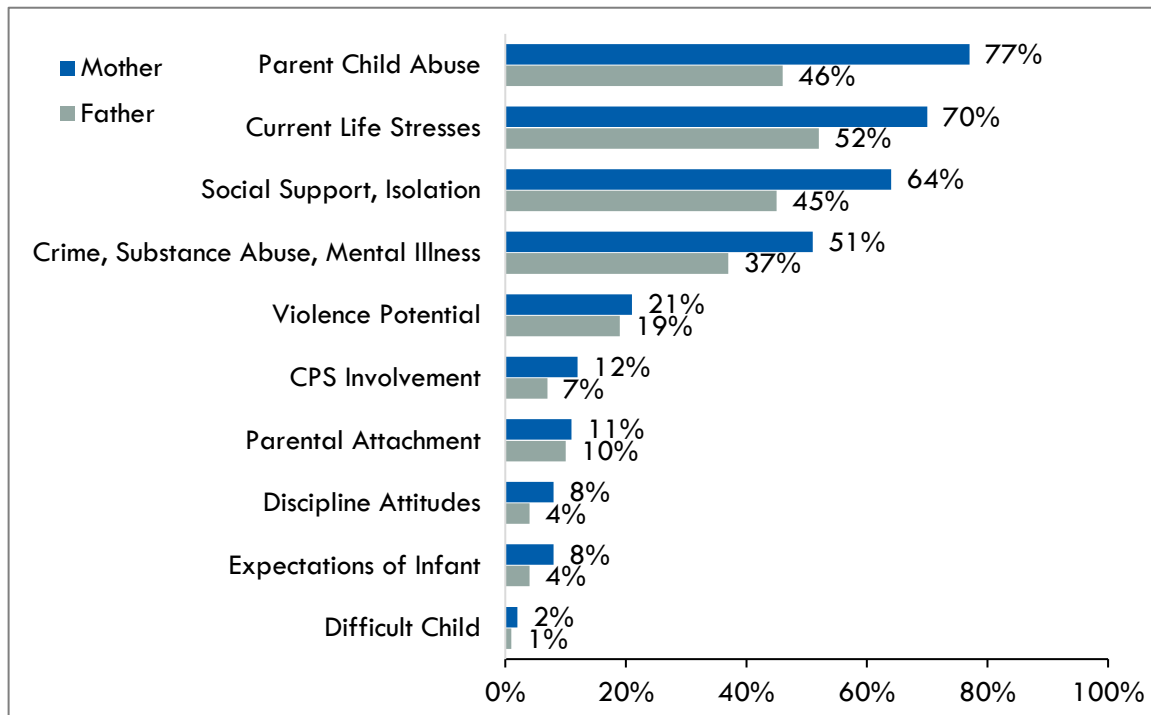
\*\*\* 2016 data from the Arizona Department of Health Services Vital Statistics records.



## Caregiver Risk Factors

Both mothers and fathers are assessed at intake using an interview with the Healthy Families Parent Survey<sup>2</sup>. The Parent Survey helps the program learn about the family’s circumstances and life events that place them at risk for child maltreatment and other adverse outcomes. During the intake process, the Family Assessment Worker (FAW) evaluates each family across the 10 domains of the Parent Survey. The survey is administered in an interview and conversational format and the items are then rated by the FAW according to level of risk. The percentage of parents scoring *severe* on each of the scales is presented for prenatal mothers and fathers and postnatal mothers and fathers in Exhibits 12 and 13.

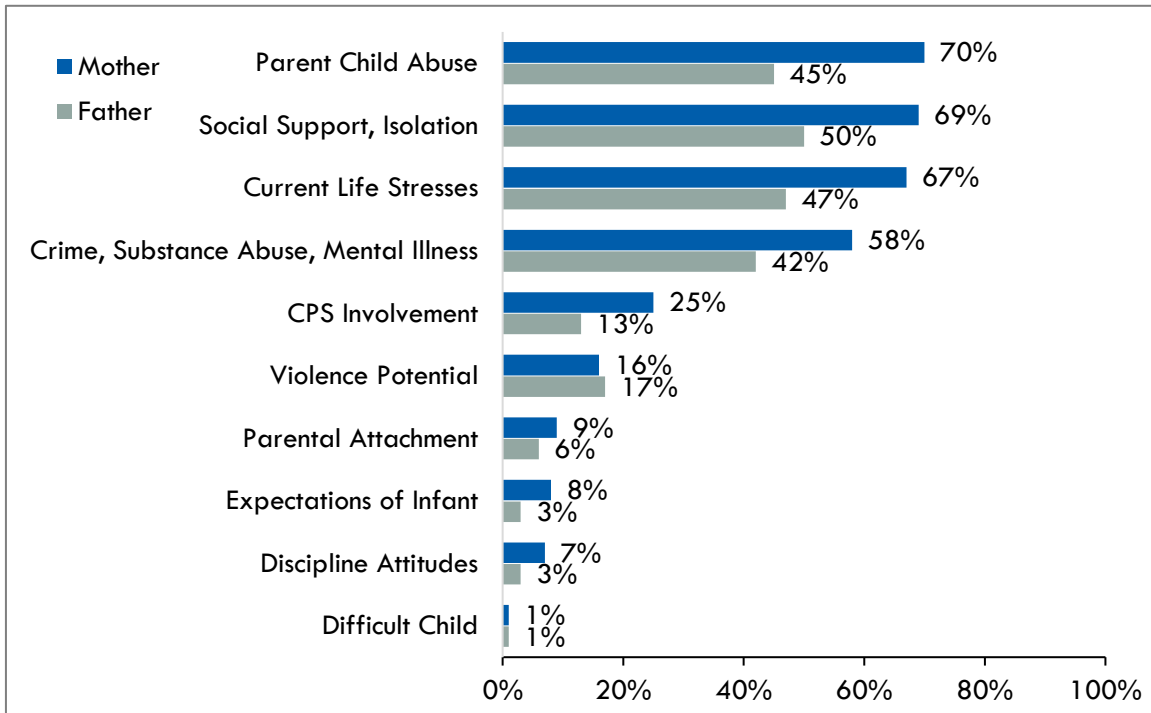
Exhibit 12. Percentage of Parents Scoring at a Severe Level of Risk on Parent Survey Items for State Fiscal Year 2018 – Prenatal



<sup>2</sup> Previously known as The Family Stress Checklist, it was renamed the Parent Survey based on revisions to focus on a more strength-based perspective, however, the rating scale remains unchanged. More information on this instrument is provided in Appendix C.



Exhibit 13. Percentage of Parents Scoring at a Severe Level of Risk on Parent Survey Items for State Fiscal Year 2018 – Postnatal



The four factors rated at the highest risk by both mothers and fathers remain consistent with previous years' data. These include: history of childhood abuse (for the parent); current life stressors; social support and isolation; and a history of crime, substance abuse, or mental illness. Prenatal mothers had higher risk scores on history of childhood abuse (77.0%) and current life stressors (70.2%) than postnatal mothers at 70.2% and 66.9%, respectively.

## Participant Characteristics Summary

The process evaluation for FY 2018 suggests that the Healthy Families Arizona program continues to effectively reach parents and infants with high risks for child maltreatment and other unhealthy outcomes. The population that Healthy Families Arizona is serving has greater risks than the state or national population as a whole. Overall, the Healthy Families Arizona program is reaching families that are impoverished, stressed, socially disadvantaged, and lacking in resources to manage the demands of parenting. It appears that mothers who enter the program in the prenatal period report more severe histories of child abuse and life stressors than postnatal mothers, yet their incidences of low birth weight babies, preterm birth, and substance exposed newborns are lower than for those that enter in the postnatal period. This suggests that these high-risk families benefit from the early support, particularly in the prenatal period, which is offered in the home visitation program.



# Key Healthy Families Arizona Services

The primary goals of reducing child abuse and neglect and improving child well-being are most attainable when families stay engaged in the program for an extended period of time and receive the services and supports they need. One important aspect of the Healthy Families program model is linking families with needed community resources. Home visitors provide not only assistance and guidance in the home, but they also connect families with education, employment and training resources, counseling and support services, public assistance, and health care services.

My FSS (Healthy Families home visitor) has made a great impact on me and my family. I really thank her for everything and being there for our family.

## Developmental Screening and Referrals for Children

Developmental screens are used to measure a child’s developmental progress and to identify potential developmental delays requiring specialist intervention. The primary screening tool used by home visitors is the Ages and Stages Questionnaire, Third Edition (ASQ-3). This tool helps parents assess the developmental status of their child across five areas: communication, gross motor, fine motor, problem solving, and personal/social.

The Healthy Families Arizona program administers the ASQ-3 at 4, 6, 9, and 12 months in the first year of the infant’s life, every six months until the child is three years of age, and then yearly at age 4 and 5. As Exhibit 14 shows, the number of children receiving the ASQ-3 at each interval is exceeding 90% at each time point. The 24-month ASQ-3 rate is now above the 90% rate, while it fell short of the statewide performance goals in the FY 2017 and FY 2016. Similar rates of children were identified as delayed for the 4-month to 24-month screenings as FY 2017 and FY 2016.

Exhibit 14. ASQ-3 Screening State Fiscal Year 2018

Interval ASQ-3 Screening	Percent of children Screened with ASQ-3	Percent screened as delayed
4-month	97.1%	2.8%
6-month	96.2%	3.1%
9-month	98.3%	4.4%
12-month	94.6%	4.8%
18-month	93.5%	7.4%
24-month	91.2%	10.3%



Healthy Families Arizona works to ensure that children who may have developmental delays obtain needed interventions. Program data tracks what happens after a family’s ASQ-3 is scored as follows: 1) the child is screened as having no delays, 2) the child is referred for further assessment and is determined to have no delays upon a more extensive assessment, 3) families are referred to different services such as the Arizona Early Intervention Program (AzEIP) or other early intervention or therapy, or 4) the home visitor may provide developmental intervention or education to the family. Although 2.8% to 10.3% of children (depending on their age) are initially screened as delayed in their development, approximately 10% of the children who initially screen as delayed on the ASQ-3 in the early months of their life are determined to not have delays upon *further* assessment at 12 months, this is a slight reduction from the 15% seen in FY 2017 (see Exhibit 15 below). This is a common occurrence, as children develop at different speeds in the early months of life. However, some children continue to show delays for which early access to services can be provided. The ASQ-3 screening provides a valuable service to families because it enables them to access appropriate services to meet their child’s particular needs. This practice is consistent with the American Academy of Pediatrics strategic plan to promote developmental screening and establish a medical home when needed (Tait, 2009). There is a national effort to increase early developmental screening after studies found that up to 70% of developmental problems were not identified until school entry (e.g., see Glascoe & Dworkin, 1993). Exhibit 15 shows the outcome of these follow-up assessments.

**Exhibit 15. ASQ-3 Follow-up Services in State Fiscal Year 2018**

Screening Interval	Continued Assessment shows “no delay” % (n)	Referred to AzEIP % (n)	Referred to other Early Intervention % (n)	Provided Developmental Intervention % (n)	Referred to Therapy % (n)	Parent Declined Referral % (n)
4-month	7.2% (6)	28.9% (24)	9.6% (8)	72.3% (60)	6.0% (5)	26.5% (22)
6-month	4.5% (4)	31.5% (28)	6.7% (6)	74.2% (66)	3.4% (3)	24.7% (22)
9-month	5.0% (5)	32.7% (33)	2.0% (2)	76.2% (77)	3.0% (3)	18.8% (19)
12-month	10.4% (11)	29.2% (31)	4.7% (5)	80.2% (85)	6.6% (7)	16.0% (17)
18-month	6.3% (8)	39.4% (50)	8.7% (11)	78.7% (100)	9.4% (12)	18.1% (23)
24-month	3.8% (5)	44.6% (58)	6.2% (8)	75.2% (99)	9.2% (12)	13.1% (17)

Note: Percentages do not equal 100% as multiple referrals can happen for a single child.



# Family Outcomes

The Healthy Families Arizona program focuses the outcomes evaluation on the following primary indicators:

- Caregiver outcomes
- Child development and wellness
- Mother's health, education, and employment
- Child abuse and neglect

## Caregiver Outcomes

While reducing child abuse and neglect is the ultimate outcome, intermediate objectives, such as changes in parenting behaviors, can inform us about progress toward the ultimate goal. The intermediate goals of the Healthy Families program revolve around a few key factors known to be critical in protecting children from maltreatment (Jacobs, 2005):

- providing support for the family;
- having a positive influence on parent-child interactions;
- improving parenting skills and abilities and sense of confidence; and
- promoting the parents' healthy functioning.

Research from randomized clinical trials of the Healthy Families Arizona program (LeCroy & Krysik, 2011, LeCroy & Davis, 2016) supports the finding that the program can produce positive changes across multiple outcome domains such as parenting support, parenting attitudes and practices, violent parenting behavior, mental health and coping, and maternal outcomes.

## Healthy Families Parenting Inventory Reveals Positive Parent Change

To better evaluate critical goals of the Healthy Families program, the evaluation team developed the Healthy Families Parenting Inventory (HFPI) in 2004 (LeCroy, Krysik, & Milligan, 2007). This instrument was developed, in part, because of measurement difficulties identified in the literature (See LeCroy & Krysik, 2010). The development of the HFPI was guided by several perspectives and sources: the experience of the home visitors in the Healthy Families Arizona program; data gathered directly from home visitors, supervisors, and experts; information obtained from previous studies of the Healthy Families program; and examination of other similar measures. The process included focus groups with home visitors, the development of a logic model, and a review of relevant



literature. In an initial validation study, the pattern of inter-item and item-to-subscale correlations, as well as an exploratory factor analysis and sensitivity to change analysis, supported the nine-factor model of the HFPI. This work was published in the journal *Infant Mental Health* (Krysiak & LeCroy, 2012). The final instrument includes nine scales: Social Support, Problem-solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/Child Interaction, Home Environment and Parenting Efficacy.

### **Healthy Families Parent Inventory (HFPI) Subscales**

This section describes the results of paired t-test analyses obtained for each subscale of the HFPI. The level of significance is reported along with the *effect size*. An effect size gives a sense of how large the change or improvement is from baseline to 6 months or 12 months. Effect sizes below 0.20 are considered small changes and those between 0.20 and 0.50 are considered small to medium changes. These findings are based on data reported from the sites and represent participants who completed both instruments at the baseline and 6-month intervals (n=2,327) and participants who also had matched instruments at the 12-month interval (n=1,791).

Exhibit 16. Change in Subscales of the HFPI

Sub- scale	Significant improvement from baseline to <u>6 months</u>	Significance	Effect size	Significant improvement from baseline to <u>12 months</u>	Significance	Effect size
Social Support	✓	.045	small	None	.437	small
Problem-solving	✓	.000	small	✓	.000	small
Depression	✓	.000	small	✓	.000	small
Personal care	✓	.000	small	✓	.000	small
Mobilizing resources	✓	.000	medium	✓	.000	medium
Commitment To Parent Role	✓	.000	small	✓	.000	small
Parent/Child Interaction	✓	.000	medium	✓	.000	small
Home Environment	✓	.000	medium	✓	.000	medium
Parenting Efficacy	✓	.000	small	✓	.000	small



As shown in Exhibit 16, from baseline to 6 months and baseline to 12 months, there were statistically significant changes in all subscales except the Social Support at 12 months. The largest improvements (as shown by the effect sizes) at 6 months after entering the program are in the categories of: home environment (0.32); mobilizing resources (0.28); and parent/child interaction (0.21). At 12 months the largest improvements are in: home environment (0.44) and mobilizing resources (0.36). This finding indicates that the Healthy Families Arizona sites are effective at improving the atmosphere of the home and connecting parents to resources. This finding supports the results of the randomized control study (LeCroy & Davis, 2016; LeCroy & Lopez, 2018).

### Total Change Score on the HFPI

In order to provide a more comprehensive understanding of outcomes in parenting observed during participation in the Healthy Families program, it is also useful to examine the total score on the Healthy Families Parenting Inventory and overall significance of change. As Exhibit 17 shows, there were significant changes from baseline to 6 months and from baseline to 12 months on the HFPI total scale. This finding supports the conclusion that program participants showed positive changes during the course of the program. Overall, approximately 64% of parents had positive changes on the total score from baseline to 6 months (64.1%) and from baseline to 12 months (64.3%).

Exhibit 17. Overall Change in Healthy Families Parenting Inventory Outcomes

Sub- scale	Significant improvement from baseline to 6 months	Significance	Effect size	Significant improvement from baseline to 12 months	Significance	Effect size
Total Scale	✓	.000	medium	✓	.000	medium

### Father of the Baby Involvement

Healthy Families Arizona provides services to the entire family, not just to the mother and child. The involvement of the father of the baby, along with other male partners and family members, is considered important to the healthy development of the child. To determine the level of male involvement, Healthy Families Arizona asks families every six months about the males in the child’s life that participate in child care, provide financial support, live in the home with the child, and participate in Healthy Families Arizona home visits. Exhibit 18 shows the percentage of fathers who met four child involvement indicators at four time points. Across all data collection times, between two-thirds to three-quarters of fathers lived in the home, provided care for the child, and supported the child financially. Additionally, more than 40% of fathers participated in the Healthy Families Arizona





program. Due to the small sample size of male partners (who were not the father of the baby), grandfathers, and other males being involved with the child, this data is not reported in this report.

Exhibit 18. Father Involvement Indicators Across Time Points

	6-Month	12-Month	18-Month	24-Month
Providing Child Care	73.0%	73.6%	74.0%	72.9%
Proving Financial Support	74.7%	75.5%	75.9%	73.7%
Living in the Home	69.1%	69.9%	69.7%	68.3%
Participating in HFAz	44.5%	42.6%	42.2%	41.4%



## Child Abuse and Neglect

One of the main goals of Healthy Families Arizona is to reduce the incidence of child maltreatment and abuse. In order to look at child abuse and neglect directly, data from CHILDS, the Arizona Department of Child Safety data system, is used to determine the rates of child abuse and neglect for Healthy Families Arizona participants. It is important to acknowledge that using official child abuse data as an indicator of program success is complex and is unlikely to fully answer the question about the effectiveness of Healthy Families Arizona in preventing child abuse. The shortcomings in using official child abuse rates to assess the effectiveness of home visiting programs have been discussed in numerous journal articles (see for example, *The Future of Children*, 2009).

There are several reasons the use of child abuse data is believed to have limitations. First, child abuse is an event that occurs infrequently and, therefore, changes are difficult to detect with statistical methods. Second, using official incidents of child abuse and neglect does not necessarily reflect actual behavior – there are many variations in what constitutes abuse and neglect and using only reported and substantiated incidents of abuse captures incidents that rise to that level of severity. Some incidents of child abuse or neglect are undetected or may not meet some definitional standard minimizing the accuracy of the count. Third, using official data requires a process whereby cases are “matched” on available information such as mother’s name, social security number, and date of child’s birth. When any of this information is missing, the accuracy of the match decreases. Finally, because home visitors are trained in the warning signs of abuse and neglect and are required to report abuse or neglect when it is observed, there is a “surveillance” effect – what might have gone unreported had there been no home visitor show up in the official data.

In order to best represent families that have received a significant impact from the Healthy Families Arizona program, only families that have been in the program for at least six months are analyzed to determine if they have a substantiated report of child abuse or neglect. This year 96.3% of the Healthy Families Arizona eligible families (2,976 out of 3,091) were without a substantiated report, as can be seen in Exhibit 19. This is a decrease from 98.1% without substantiated reports in FY 2017, but similar to the rates from FY 2014 through FY 2016. A total of 115 cases were determined to have substantiated reports. A substantiated finding means that “the Department of Child Safety has concluded that the evidence supports that an incident of abuse or neglect occurred based upon a probable cause standard” (see DCS substantiation guidelines for further detail).



Exhibit 19. Percent of Families Showing No Child Abuse and Neglect Incidences



### Collaboration with the Department of Child Safety

Healthy Families Arizona provides supportive services for families involved with the Department of Child Safety (DCS). In state fiscal year 2018 (FY 2018), 772 out of the full 4,330 (17.8%) Healthy Families Arizona families served in FY 2018 had some level of involvement with DCS. In FY 2018, there were 115 families with substantiated cases of neglect or abuse. A total of 264 families were referred to Healthy Families Arizona from DCS workers at enrollment. Healthy Families Arizona supportive services include:

- acceptance of referrals from DCS;
- providing screening and assessment for parent(s) if the parent(s) wished to determine eligibility to receive program services;
- attending DCS case plan staffing;
- utilizing best practices and a family-centered approach when working with families; and
- coordinating with DCS staff to identify service needs and development of family and child goals.

It is hoped that the collaboration between Healthy Families Arizona and the Department of Child Safety will assist those families that may be at highest risk for child maltreatment.

Of all families with at least 6 months in the program in FY 2018, approximately 96% had **no substantiated child abuse or neglect incidences.**

This is worse than the 2017 rate and similar to the 2014 through 2016 rates.



## Child Development and Wellness

While it is challenging to find ways to accurately measure child abuse and neglect, researchers do point to the benefits and impact that home visitors and home visiting can have on promoting optimal child growth and development in the families served. Home visitors are in a strategic position to help families obtain access to health resources and promote wellness. Immunizations and safety practices in the home are two indicators of child development and wellness reported this year.

### Immunizations

The Healthy People 2020 goal is to have at least 90% of all children immunized with 4 doses of DTaP; 3 doses of IPV; one dose of MMR; 3 or more doses of Hib; 3 or more doses of Hep B vaccine; and 1 dose of Varicella vaccine by 2 years of age. This combination is referred to as the 4:3:1:3:3:1 immunization standard. For calendar year 2016 (the most recent year available), the Arizona immunization rate for 24-month old children was 69.6%, and the U.S. rate was 69.9% ([www.cdc.gov](http://www.cdc.gov)).



The Healthy Families Arizona program supports children obtaining all their necessary immunizations as a key step in preventing debilitating diseases. The home visitors encourage the families to follow through on completing their child's immunizations and ask to check the family's immunization booklet to record the dates of immunizations and assess

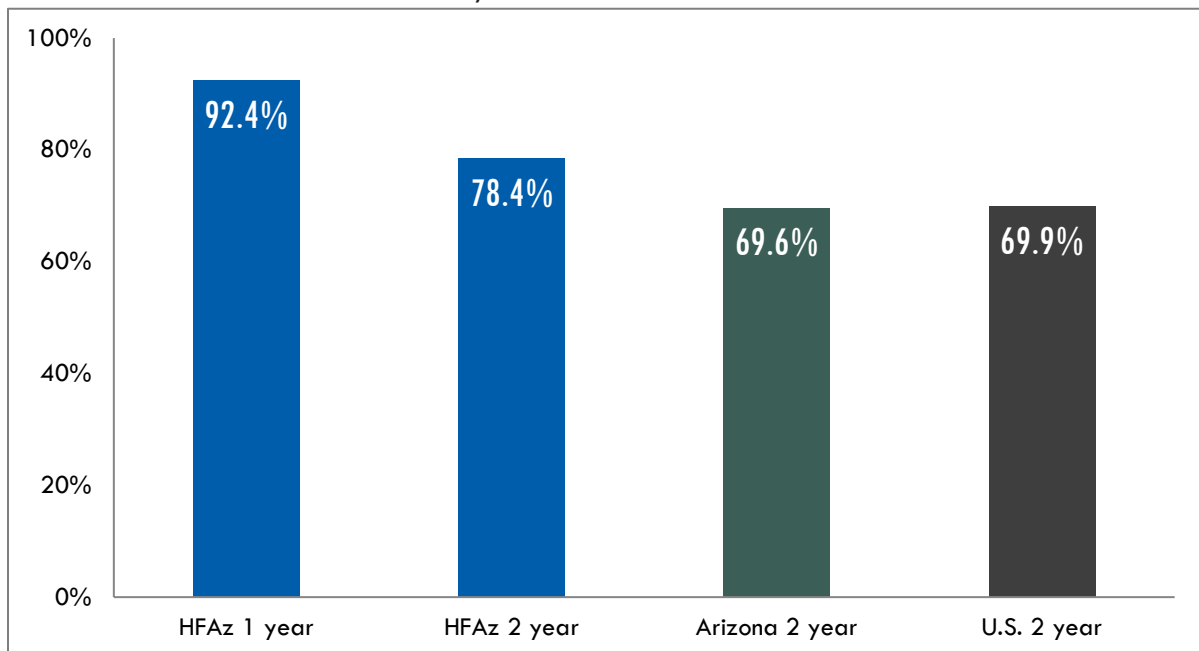
completion. With the increased use of technology, oftentimes immunizations are recorded electronically by the Doctor, and no booklet is provided. To help overcome this barrier, Healthy Families Arizona home visitors also track child wellness checks and continuously follow up with families following these scheduled appointments to inquire about immunizations. This also allows home visitors to educate families regularly on the importance of their children receiving all recommended immunizations. Home visitors can also ask families to sign a release of information form (ROI) to obtain immunization information from their Pediatrician's office, clinics, or other providers outside of their Pediatrician. Home visitors also give information about MyIR, which is an online option for families to track the immunization status of all children and adults in the household to



share with their families. In addition, Healthy Families Arizona has been given limited access to the Arizona Department of Health Services (ADHS) data to look up immunizations that children have received and that families either did not have recorded in their immunization books or were not given electronic printouts. These combined practices and systems assist families in ensuring they have the most up to date information on what immunizations their children have or have not yet received.

Exhibit 20 presents full immunization data at 12 months and 24 months based on the recommended schedule of immunizations to meet Arizona State compliance of the 4:3:1:3:3:1 standard. The rates of immunizations for Healthy Families Arizona families are higher than both the state and national immunization rate for 2-year olds. The national immunization rate has remained relatively flat from 69.8% in 2013 to 69.9% in 2016, while Arizona's rate has increased from 61.6% in 2013 to 69.6% in 2016. The immunization rates for both 1-year olds and 2-year olds in Healthy Families Arizona has increased by approximated two percentage points in FY 2018 from FY 2017.

Exhibit 20. Immunization Rate of Healthy Families Arizona Children with State and National Rates\*



\*Source: 2016 data from the CDC National Immunization Survey through ChildVaxView.

## Safety Practices in the Home

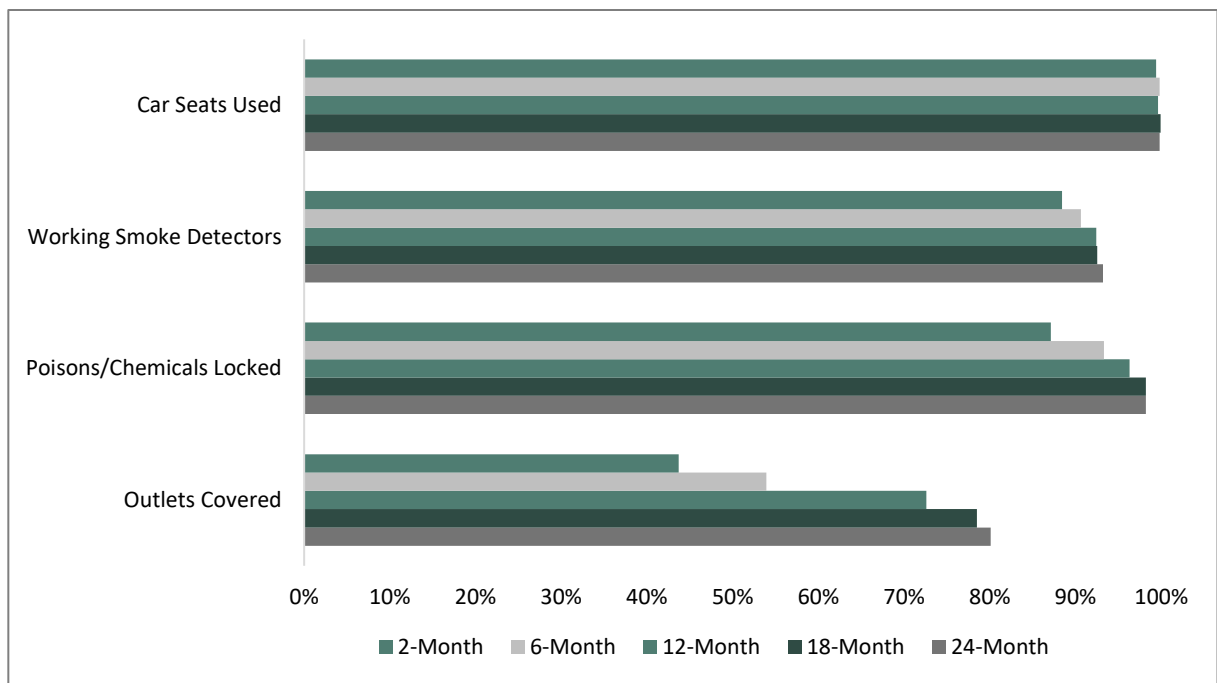
A study released by the Centers for Disease Control and Prevention (MMWR 2012) states that even though injury deaths for children have decreased from 15.5 to 11.0 per 100,000 population from 2000 to 2009, they continue to be the leading cause of death for children over the age of 1. Unintentional injuries are also the fifth leading cause of death for



newborns and infants under the age of 1. A report in 2004, *Home visiting and childhood injuries*, concluded that home visits can reduce the risk of accidental injuries in the home by approximately 26%.

The Healthy Families Arizona home visitors both assess and promote safe environments for children. The home visitors provide education about safety practices and monitor safety in the home through the completion of the safety checklist with the family. Exhibit 21 reports the use of four key safety practices across five time points for postnatal participants in both a table and bar chart. Families who continue to participate in Healthy Families Arizona see increased safety practices and higher rates of safety.

**Exhibit 21. Percentage of Postnatal Families Implementing Safety Practices Over Time**



	2-Month	6-Month	12-Month	18-Month	24-Month
Car Seats Used	99.4%	99.8%	99.6%	99.9%	99.8%
Working Smoke Detectors	88.4%	90.6%	92.4%	92.5%	93.2%
Poisons/Chemicals Locked	87.1%	93.3%	96.3%	98.2%	98.2%
Outlets Covered	43.7%	53.9%	72.6%	78.5%	80.1%





The National Highway Traffic Safety Administration in 2015 estimated the rate of child car seat use for children under the age of 1 as 97.4%, with only 87.4% in the recommended rear-facing style. The national rate for children between the ages of 1 to 3 however is estimated to be 77% for car seats, with an additional 13.6% incorrectly using booster seats. The families participating in Healthy Families Arizona maintain a high use of car seats over time (99% or higher), indicating that the message of child safety in cars is well received by families. Home visitors work with families on where to obtain car seats for free or at reduced rates as well as resources for classes offered on how to properly install a car seat.



The National Fire Protection Association report on Smoke Alarms in U.S. Home Fires (September 2015) found reports that smoke detectors were present in 73% of all reported home fires and operated in only 53% of home fires. Healthy Families Arizona households with working smoke detectors range from approximately 88% to 93%, improving the safety of the household environment for these families. Home visitors work with families on how to obtain free smoke detectors and who to contact if their landlord is unable or unwilling to provide a working smoke detector in their home.

Families in the program show relatively high rates of locked poisons and chemicals, ranging from 87% to 98%, adding to the overall safety in the home. Although the percentage of participating families who have protective covers on electrical outlets steadily increases with time in the program, at all-time points this percentage is below those for other safety practices. Home visitors utilize the safety checklist to discuss outlet covers with families as their baby begins to crawl. Families are encouraged to re-arrange their home furniture to cover exposed electrical outlets until they are able to access community resources for outlet covers. At six months the percentage increases from 43.7% to 53.9%, which is when most babies begin to scoot or start to crawl. This percentage increases to 72.6% when children turn 12 months, which demonstrates that every time the safety checklist is completed with families they are understanding the importance of utilizing outlet covers as their children are growing and becoming more mobile.

## **Maternal Health, Education, and Employment**

The Healthy Families Arizona program attempts to influence maternal life course outcomes. The home visitors encourage families to seek new educational opportunities, complete their high school education, obtain greater economic self-sufficiency, and obtain better paying and higher quality jobs. Information is also provided to mothers regarding the positive health impacts of delaying subsequent pregnancies to at least 24 months.

### **Subsequent Pregnancies and Birth Spacing**

For some families, multiple births can lead to increased stress and parenting difficulties, especially if the birth is unplanned or unwanted. Mothers with greater birth spacing have fewer pregnancy complications and are less likely to give birth to low birth weight or premature babies (Kallan, 1997). The home visitors emphasize the benefits of delaying repeat pregnancies and promote longer birth spacing for the mothers in the program. Exhibit 22 shows that the percentage of Healthy Families Arizona mothers who reported subsequent pregnancies is consistent over time, with approximately 10% in FY 2016, 2017, and 2018.





Exhibit 22. Mothers Reporting Subsequent Pregnancies in State Fiscal Year 2016, 2017, and 2018

	FY 2016	FY 2017	FY 2018
Percent of HFAz mothers with subsequent pregnancies	10.0%	9.9%	10.2%

For mothers in the Healthy Families Arizona program who have a subsequent pregnancy, there is a small percentage of women waiting at least two years. The Healthy People 2020 goal is to reduce the proportion of pregnancies conceived within 18 months of a previous birth down to 29.8%. Exhibit 23 below shows the length of time to subsequent pregnancy for mothers who did have subsequent births. The low percentage of mothers (2.8% in 2018) that waited at least two years between subsequent births may be a reflection of some of the risk factors and barriers mothers face. For example, many of the families served by the program have Medicaid funded health plans, which may place limitations on what birth control options can be prescribed by providers. Families that live in more rural areas or who rely on public transportation may struggle to get to scheduled doctor’s appointments. This issue continues to be one area where home visitors stress the health benefits to both the mother and child of adequate birth spacing.

Exhibit 23. Length of Time to Subsequent Pregnancy for Families with Subsequent Births in State Fiscal Year 2016, 2017, and 2018

Length of Time to Subsequent Pregnancy	Percentage of Mothers		
	FY 2016	FY 2017	FY 2018
1 to 12 Months	49.3%	51.0%	47.2%
13 to 24 Months	46.1%	46.7%	50.0%
Over 24 Months	4.5%	2.3%	2.8%

### Maternal Educational Advancement

Continued educational obtainment is important to consider when examining the program’s potential impact on maternal life course outcomes. Children living in poor families with mothers who have low educational attainment experience less success, both in school and later as adults in the workforce, than children living in more advantaged circumstances (Hernandez & Napierala, 2014). Greater education is associated with better overall well-being and stronger family stability.



Exhibit 24 shows the percentage of Healthy Families Arizona mothers who advanced their education level from intake to 12 months post enrollment. Of mothers with no high school diploma or GED at intake, at 12 months post enrollment nearly 21% had advanced their education to some level: 11.8% had enrolled in a part- or full-time educational program; 8.2% had completed their high school education or GED; and 0.9% had completed a college degree. Similarly, of mothers with a high school diploma or GED at intake, nearly 23% had advanced their education at 12 months post enrollment, including 9.7% enrolling in part- or full-time education and 13.1% completing a college degree.

**Exhibit 24. Percentage of Mothers Who Advanced Their Education Level at 12 Months Post Enrollment**

Education Attainment at 12 Months Post Enrollment	Percentage of Mothers with <u>No</u> High School Diploma or GED at Intake	Percentage of Mothers with a High School Diploma or GED at Intake
Enrolled in School Part or Full-Time	11.8%	9.7%
Completed a High School Diploma or GED	8.2%	-
Completed a College Degree	0.9%	13.1%
<b>Total</b>	<b>20.9%</b>	<b>22.8%</b>

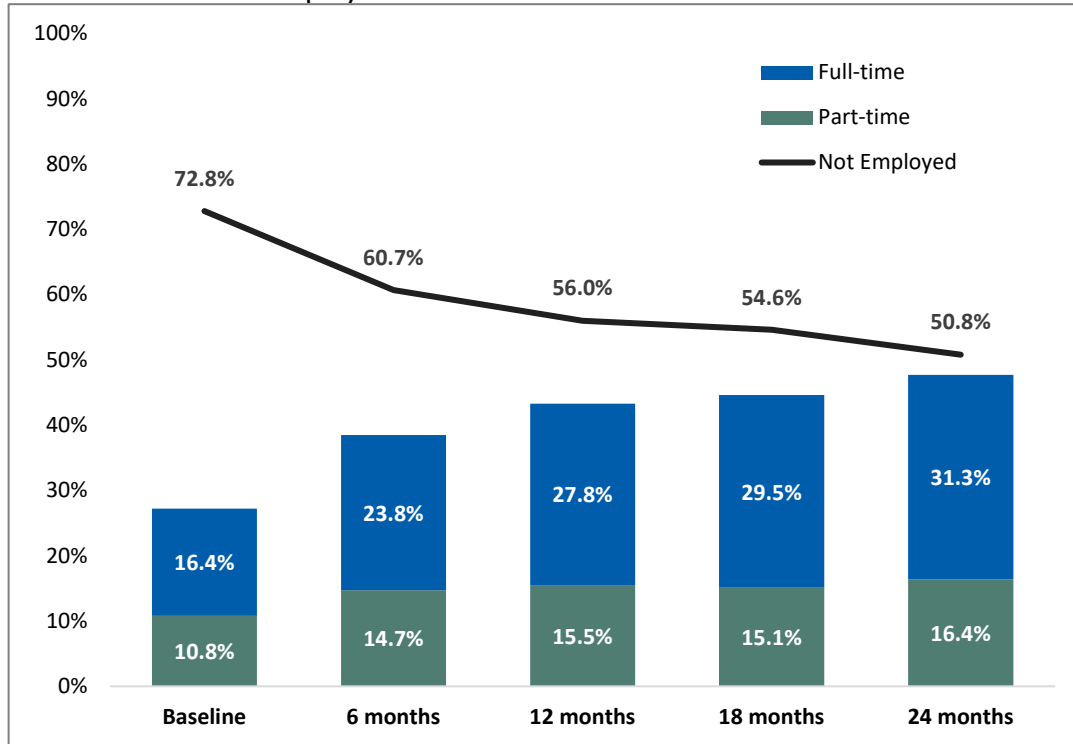
### Maternal Employment

The Bureau of Labor Statistics (U.S. DOL, 2018) reported in 2017 the following rates of mothers participating in the labor force based on their child’s age: 58.5% of mothers with children under one year of age; 62.8% of mothers with a one-year old child; and 65.4% of mothers with a two-year old child participated in the labor force. While increasing employment and income is fundamental for family well-being, there are complex realities facing families as they begin to increase their earnings. The importance of home visitors working with families in obtaining quality child care based on their natural resources is critical given the limited child care options currently available for families with low incomes. In addition, families worry about loss of Medicaid health insurance if their income goes above the state cutoff to receive these benefits.



As shown in Exhibit 25, the employment status of mothers enrolled in the Healthy Families Arizona program shows an increasing trend from baseline to 24 months post enrollment. At 6 months post enrollment, 38.5% of Healthy Families Arizona mothers were employed either part or full time, which increased to 47.1% at 24 months. Overall, employment rates for mothers in FY 2018 are higher than rates in both FY 2016 and 2017.

**Exhibit 25. Mother’s Employment Status Over Time**



## Substance Abuse Screening and Referrals

The relationship between substance abuse and the potential for child maltreatment is strong and well known (Garner et al, 2014; Pan, et al., 1994; Windom, 1992; Wolfe, 1998). Nationally, there has been an increased focus on opioid use and its effects in daily news. When parents or caretakers have a substance use disorder, children may not be adequately cared for or supervised. While successful substance abuse treatment often requires intensive inpatient or outpatient treatment and counseling, home visitors can still play a critical role in screening for substance abuse, educating families about the effects of substance abuse on their health and the health of their children, and making referrals for treatment services.

Healthy Families Arizona uses the CRAFFT screening tool as a method of screening for substance use and abuse. The CRAFFT is a short screening tool for adults and adolescents



to assess high risk drug and alcohol use disorders. This instrument was developed by the Center for Adolescent Substance Abuse Research (CeASAR) at the Children’s Hospital of Boston. A positive screen occurs if there are two or more “yes” answers out of six questions, which indicates that further assessment and or referrals are recommended.

For all families in the evaluation sample, 41.5% of families screened at intake assessed positive for a lifetime history of substance use. However, for families that enrolled in Healthy Families Arizona in FY 2018, 45.8% had a history of substance use. This indicates that the number of families at potential risk has increased over time. This may be due to increased substance use overall or this may be a reflection in the number of Healthy Families Arizona families that are also participating in the Substance-Exposed Newborn Safe Environment (SENSE) program. This is the second year we have recorded SENSE program referrals and they accounted for 236 enrollments up from 214 in FY 2017.

Exhibit 26 presents family screening, positive screens, and interventions provided by home visitors, such as a referral to additional services or discussion/receipt of educational materials. Overtime, the percentage of families with a positive screen decreases from 9.0% at 6-months, to 6.4% at 12 months, and leveling off at 5% at 18- and 24-months post enrollment. The percentage of families referred to an external community service or provider also slowly decreases over time; however, these figures are higher than the percentage of families with a positive screen. The reason for this increase is that home visitors may provide a referral for substance abuse disorders based on their clinical observations and interactions with the family, regardless of whether a positive screen occurs. Over two-thirds of families received educational materials from or had a discussion with their home visitor about substance use issues, with this percentage increasing slightly over time. Given that 41.5% of families in FY 2018 screened positively for a history of substance use/abuse, home visitors are providing families with information and materials about the impact of substance use on their health and the health and safety of their children.

**Exhibit 26. Percentage Screened and Assessed Positive on the CRAFFT**

Use in Past 6 Months	Percent Screened	Percent Screened Positive	Percent Referred to a Community Provider, AA, or Al-Anon	Percent Discussed/ Received Educational Materials
6 Months	94.6%	9.0%	17.4%	66.3%
12 Months	94.2%	6.4%	14.5%	67.4%
18 Months	92.2%	4.9%	11.7%	68.0%
24 Months	91.5%	5.0%	11.1%	69.9%



## Participant Satisfaction Ratings in 2018

The Healthy Families Arizona Participant Satisfaction Survey provides valuable feedback for program staff and an opportunity for participants to reflect on their experiences in the program. Participants who are satisfied with the program and working with their home visitor, are likely to receive greater benefits from the program. The following data summarizes the responses of participants who completed the Healthy Families Arizona Participant Satisfaction Survey in the Spring of 2018.

In FY 2018, the Participant Satisfaction Survey instrument and sampling strategy were revised. The instrument revision was guided by literature that suggests that family outcomes are influenced by home visiting program content, quantity, and quality (Korfmacher et al., 2008; Paulsell, Boller, Hallgren, & Esposito, 2010; Raikes, Green et al., 2006). Studies have found that all three home visiting components have positive outcomes for child and family development. Home visiting content includes the information shared with the caregiver during the home visit. Home visiting quantity refers to the intensity or amount of home visits received over time. Home visiting quality examines both the quality of the services provided and the quality of relationships with home visitors.

The sampling strategy for the Participant Satisfaction Survey in FY 2018 consisted of receiving a count of families currently served from all program sites in May 2018. The evaluation team prepared survey packets in English and Spanish languages and the instrument was coded with a team site number, in order to track completion rates by sites. Packets were then provided to home visitors by site for distribution to families during visits. No additional follow-up with families occurred after this initial delivery of the survey packet. The survey packet contained a questionnaire in the family's preferred language and a self-addressed, postage paid envelope for anonymous mailing of the questionnaire to the evaluation team. This data distribution and collection strategy was utilized so that the family could complete and return the questionnaire anonymously at their convenience, and did not require further action of their home visitor. The data collection period was closed in mid July 2018.

A total population of 3,012 parents were identified as active in the Healthy Families program in May 2018. A total of 892 surveys were completed for a response rate of approximately 30%. The final sample of N=892 respondents provides results at a margin of error of 4% and a confidence level of 99%. The margin of error is the amount of error that can be tolerated in a survey research project; the common choice is 5%. The confidence level is the amount of uncertainty that can be tolerated; the typical choices are 90% or 95%. The results of this sampling effort provide higher margins of error and confidence levels that is



typically chosen - indicating that the sample of families is more than sufficient to provide a high level of confidence that responses can be generalized to the larger population.

Three-quarters of surveys were completed in English and one-quarter were completed in Spanish. The majority of respondents (60%) were in the program for 13 months or more, 22% had participated for 6 to 12 months, and 17% had participated for less than 6 months. The majority of respondents self-identified as Hispanic (62%) and White/Caucasian (76%). The results for each survey item are summarized below.

*In the last three months, about how many times did you have contact with your home visitor? (Contacts include; a phone call, a home visit, a visit at the offices of the home visitor). (n=685)*

- Average (mean) number of contacts in past three months = 10.80; with a SD of 6.89.
- Average (median) number of contacts in past three months = 10.00.

*How often have you been able to meet with your home visitor when you wanted to? (n=889)*

- Never / Sometimes = 3%
- Usually / Always = 97%

*How often has your home visitor cancelled a scheduled visit with you? (n=887)*

- Never / Sometimes = 99%
- Usually / Always = 1%

*How often have you had to cancel a home visit? (n=886)*

- Never / Sometimes = 97%
- Usually / Always = 3%

*Does your home visitor spend enough time with you? (n=883)*

- Never / Sometimes = 2%
- Usually / Always = 98%

*Does your home visitor provide you any materials such as; educational handouts, videos, etc.? (n=890)*

- Yes = 99%
- No = ≤ 1%

*Does your home visitor provide materials that represent your race, language, and ethnicity? (n=887)*

- Yes = 96%
- No = 4%

*(If Yes, received materials) Were the materials helpful to you? (n=877)*

- Yes = 98%
- No = 2%



*Has the home visitor provided you or a family member with any referrals or contacts for other services such as the food bank, diaper bank, or counseling? (n=876)*

- Yes = 89%
- No = 11%

*If YES, how often did your home visitor or someone from the home visitor's agency follow up with you to see if you were able to use the referral? (n=767)*

- Never / Sometimes = 14%
- Usually / Always = 86%

*How often does your home visitor talk with you about parenting your baby? (n=884)*

- Never / Once in a While = 5%
- About Half the Time / Most Visits = 95%

*How often does your home visitor bring an activity for you to do with your child? (n=886)*

- Never / Once in a While = 9%
- About Half the Time / Most Visits = 91%

*How often do you and your home visitor talk about goals that you and your family want to work toward? (n=888)*

- Never / Once in a While = 5%
- About Half the Time / Most Visits = 95%

*Has the home visiting support been as helpful as you thought it should be? (n=887)*

- Yes - Definitely / Pretty Much = 99%
- No - Not Really / Definitely Not = 1%

*How often did the home visitor treat you with courtesy and respect? (n=889)*

- Never / Sometimes = ≤ 1%
- Usually / Always = 99%

*How often did your home visitor explain things in a way that was easy for you to understand? (n=891)*

- Never / Sometimes = ≤ 1%
- Usually / Always = 99%

*How often did your home visitor seem to know the most recent, most important information about your family? (n=887)*

- Never / Sometimes = 2%
- Usually / Always = 98%

*Does your home visitor respect and understand the choices you make for your children? (n=891)*

- Yes - Definitely / Pretty Much = 99%
- No - Not Really / Definitely Not = ≤ 1%



*Does your home visitor respect and understand your culture and beliefs? (n=891)*

- Yes - Definitely / Pretty Much = 99%
- No - Not Really / Definitely Not = ≤ 1%

*Do you feel more confident that you can do a good job of raising your child because you were a part of Healthy Families? (n=887)*

- Yes - Definitely / Pretty Much = 99%
- No - Not Really / Definitely Not = ≤ 1%

*Please rate how much the Healthy Families program has improved your life in each area below:*

Measure	Percent Rating “A Lot” to “Some”	Percent Rating “A Little” to “None”
My ability to solve problems (n=882)	95%	5%
More patience with my child’s behavior (n=882)	96%	4%
My ability to control my temper (n=881)	91%	9%
My ability to find community resources (n=881)	97%	3%
My support system (n=882)	96%	4%
My understanding of child development (n=883)	98%	2%
My appreciation of my child (n=877)	97%	3%
My relationship with my family (n=883)	95%	5%
My relationship with my partner (n=854)	88%	12%

*Choose a number from 1 to 10, where 1 is the worst home visitor possible and 10 is the best home visitor possible, what number would you use to rate your current home visitor? (n=877)*

- Average (mean) Rating = 9.78 with a SD = .754

Overall the survey indicates a strong satisfaction level with the program. Further details are available in separate report on the Satisfaction Survey.





## Conclusions and Recommendations

Healthy Families Arizona is starting its 27<sup>th</sup> year of service to families. For 2018, a total of 4,330 families benefited from the program with just over 31% of all families having participated for at least 2 years. The Healthy Families Arizona evaluation report focuses on the primary outcome indicators of parent outcomes, child health and wellness, and child abuse and neglect. The results from the Healthy Families Parenting Inventory, participant tracking data sheets, safety checklists, screening tools, child abuse and neglect rates, and immunization rates all suggest that the Healthy Families Arizona program continues to address and reach its goals of serving Arizona families.

The Healthy Families Arizona program uses evidence-based methods to guide the practice of home visitation. In order to continue to see successful outcomes and to improve other outcomes, the Healthy Families Arizona program needs to continue to rigorously evaluate the program, and use evidence for program improvement and quality assurance. The use of the revised sample for evaluation purposes, including data on all families in the program up through 60 months of age allows for the possibility of additional analyses about more long-term outcomes.

Recommendations for this year are based on data from the statewide evaluation, and the focus of the advisory board and supervisor meeting discussions during the year. All of the recommendations are focused on ways the program can continue to emphasize quality programming, provide the most critical services to the highest risk families, and improve parent and child outcomes.

- **Encourage staff to continue strategies to increase family retention and do more in depth research into reasons for family retention.** This year's statewide one-year retention rate is 68.1%, this is a decrease from last year's rate of 75.1%. Some of this may be due to the closure of three teams towards the end of the fiscal year. The advisory board has expressed interest in helping support the supervisors and teams with increasing family retention. Time commitments are one of the most difficult areas for families, but Healthy Families Arizona home visitors are flexible in their home visitation schedules to provide the best options for families. We encourage supervisors and program managers to work with their staff to determine the best options for retaining families in their teams. LeCroy & Milligan Associates will be compiling a report of the factors that may be related to why families leave the program early.
- **Response to New Best Practice Standards and New Statewide Forms.** The new Best Practice Standards from Healthy Families America went into effect January



2018. Healthy Families Arizona updated their forms to align with the new best practice standards and to meet the data collection needs of all funders. These new forms went into effect at the start of fiscal year 2019. We encourage supervisors to spend extra time with their staff to review the changes in data collection and to participate actively in fine tuning the forms to meet the needs of the funders, the sites, the staff, and the families.

In conclusion, Healthy Families Arizona has been an important part of improving the overall wellbeing of children in Arizona for the last twenty-six years. Healthy Families Arizona is now a mature program, and has been an important component of guiding the direction of home visitation programs nationally. This only further emphasizes the importance of continuing to learn, grow, and adapt to the changes in best practices for home visitation for the future.



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## Appendix A. Team Level Data

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### Age of Child at Entry by Team- FY 2018

Team	Mean (Age in Days)	Number	Standard Deviation
Team 2	35.78	115	24.44
Team 3	30.49	86	21.75
Team 5	33.72	99	23.13
Team 6	22.75	77	20.56
Team 8	30.36	77	26.50
Team 9	32.65	20	33.29
Team 10	26.26	101	22.61
Team 11	27.85	86	23.04
Team 12	13.92	73	13.38
Team 13	9.75	53	13.23
Team 15	29.03	75	27.17
Team 17	14.73	15	12.01
Team 18	37.51	67	39.02
Team 19	35.31	81	23.76
Team 21	23.21	78	26.86
Team 23	36.88	105	23.87
Team 27	25.27	98	21.19
Team 28	24.42	52	22.45
Team 32	20.29	42	29.31
Team 33	27.63	108	20.82
Team 48	39.78	129	73.93
Team 61	32.84	125	22.27
Team 62	34.34	114	23.32
Team 64	40.17	115	26.77
Team 65	38.53	88	24.84
Team 68	44.62	90	29.54
Team 70	22.65	83	18.79
Team 71	35.14	86	22.80
Team 80	35.08	98	23.74
Team 81	29.04	118	25.56
Team 82	30.48	48	28.08
Team 83	34.38	106	23.40
Team 84	42.22	100	52.96
Team 85	33.44	32	23.75
Team 87	25.32	28	18.08
Team 88	33.92	91	22.14
Team 89	40.19	78	24.23
Team 90	43.95	19	36.32
Team 91	32.13	8	28.79
Team 92	28.71	49	25.36
<b>Total</b>	<b>31.87</b>	<b>3113</b>	<b>30.01</b>

Note: Total does not include data for families that enrolled in the prenatal period including those that did not receive prenatal services.



**Days to Program Exit by Team - FY 2018**  
(For families who left the program)

Team	Prenatal				Postnatal			
	Median	Mean	St. Dev.	#	Median	Mean	St. Dev.	#
Team 2	740.00	791.29	629.30	7	287.00	558.56	583.68	32
Team 3	567.50	679.00	550.49	4	230.00	524.70	613.20	40
Team 5	307.50	608.25	678.91	8	429.00	699.49	603.38	35
Team 6	652.00	788.27	622.10	10	872.00	964.06	667.80	36
Team 8	956.00	930.25	726.34	4	662.00	715.86	542.78	29
Team 9	714.00	835.33	544.44	6	413.00	707.94	635.01	18
Team 10	1,072.00	1,165.50	658.58	6	695.00	716.76	492.20	34
Team 11	278.00	423.43	368.47	7	321.00	528.18	475.53	33
Team 12	982.00	982.00	1,042.28	2	280.50	454.04	424.50	26
Team 13	-	-	-	-	490.00	834.67	614.38	3
Team 15	673.00	795.78	548.35	9	861.50	992.38	730.54	26
Team 17	236.00	236.00	165.46	2	193.50	366.50	498.00	14
Team 18	938.50	1,008.30	843.38	10	209.50	411.27	441.74	26
Team 19	719.50	903.33	706.86	6	531.00	635.00	529.74	35
Team 21	479.00	920.00	946.02	3	349.00	642.89	534.93	37
Team 23	370.00	562.45	564.59	11	456.50	640.64	565.22	42
Team 27	329.00	577.00	641.72	6	427.00	611.74	502.82	39
Team 28	290.00	535.38	586.02	8	300.00	571.81	605.37	16
Team 32	1,156.00	1,156.00	0	1	934.00	965.29	647.50	7
Team 33	761.00	763.21	585.85	14	311.00	661.75	624.75	40
Team 48	655.00	821.20	621.79	5	708.00	855.93	647.44	45
Team 61	520.00	825.00	562.06	7	609.00	797.05	635.10	41
Team 62	245.00	310.00	171.89	7	239.50	379.33	345.45	42
Team 64	517.00	787.11	752.30	9	999.00	1,026.65	680.75	55
Team 65	704.50	674.20	500.49	10	369.50	575.87	475.38	54
Team 68	161.50	169.33	79.37	6	259.00	394.14	405.75	51
Team 70	549.00	632.71	472.26	7	809.50	1,011.11	805.03	28
Team 71	175.00	243.00	214.00	4	161.00	263.06	340.82	31
Team 80	297.00	581.20	714.08	5	526.50	714.65	529.26	48
Team 81	414.50	659.75	580.95	8	390.50	569.14	493.41	44
Team 82	555.00	690.22	593.38	9	580.00	741.64	613.07	14
Team 83	471.00	664.78	566.17	9	349.00	530.24	573.12	58
Team 84	303.00	784.71	796.17	7	288.00	397.26	330.54	39
Team 85	199.00	199.00	0	1	172.00	258.38	213.54	13
Team 87	589.50	623.75	407.93	4	316.50	676.75	639.93	8
Team 88	934.50	859.25	197.66	4	551.00	678.12	498.52	41
Team 89	550.00	623.17	527.35	6	526.50	641.53	516.96	36
Team 90	714.00	714.00	0	1	-	-	-	-
Team 91	569.00	707.00	652.05	3	205.00	316.71	324.08	7
Team 92	348.50	713.00	777.92	6	526.50	647.43	522.63	14
<b>Total</b>	<b>515.00</b>	<b>696.56</b>	<b>588.21</b>	<b>243</b>	<b>404.00</b>	<b>636.81</b>	<b>572.33</b>	<b>1235</b>

Note: St. Dev = Standard Deviation, # = Number of Families



**Top Four Reasons for Program Exit by Team - FY 2018**  
**Percent and Number within Team**

Team	Overall (Prenatal and Postnatal Combined)							
	#1 Completed Program		#2 Self Sufficiency		#3 Family Refused Further Services		#4 Moved Away	
	%	n	%	n	%	n	%	n
Team 2	15.4	6	10.3	4	12.8	5	12.8	5
Team 3	15.9	7	2.3	1	29.5	13	0.0	0
Team 5	23.3	10	11.6	5	11.6	5	11.6	5
Team 6	34.0	16	0.0	0	29.8	14	19.1	9
Team 8	24.2	8	3.0	1	6.1	2	6.1	2
Team 9	20.8	5	16.7	4	4.2	1	12.5	3
Team 10	25.6	10	12.8	5	17.9	7	12.8	5
Team 11	5.0	2	32.5	13	12.5	5	5.0	2
Team 12	10.7	3	3.6	1	32.1	9	28.6	8
Team 13	1.3	1	0.0	0	0.0	0	1.3	1
Team 15	34.3	12	14.3	5	2.9	1	31.4	11
Team 17	6.3	1	0.0	0	68.8	11	18.8	3
Team 18	16.7	6	5.6	2	11.1	4	36.1	13
Team 19	22.0	9	29.3	12	0.0	0	9.8	4
Team 21	17.5	7	12.5	5	27.5	11	12.5	5
Team 23	13.5	7	7.7	4	21.2	11	9.6	5
Team 27	13.6	6	11.4	5	18.2	8	6.8	3
Team 28	27.3	6	0.0	0	18.2	4	22.7	5
Team 32	5.6	3	5.6	3	1.9	1	7.4	4
Team 33	11.3	6	9.4	5	24.5	13	13.2	7
Team 48	30.0	15	8.0	4	18.0	9	8.0	4
Team 61	21.3	10	0.0	0	25.5	12	17.0	8
Team 62	2.0	1	4.1	2	30.6	15	12.2	6
Team 64	46.9	30	4.7	3	18.8	12	7.8	5
Team 65	15.6	10	39.1	25	1.6	1	3.1	2
Team 68	5.3	3	10.5	6	36.8	21	10.5	6
Team 70	37.1	13	11.4	4	22.9	8	22.9	8
Team 71	2.9	1	0.0	0	45.7	16	14.3	5
Team 80	24.5	13	3.8	2	22.6	12	9.4	5
Team 81	19.2	10	15.4	8	15.4	8	17.3	9
Team 82	17.4	4	17.4	4	4.3	1	21.7	5
Team 83	11.9	8	1.5	1	35.8	24	11.9	8
Team 84	8.7	4	19.6	9	13.0	6	8.7	4
Team 85	0.0	0	14.3	2	0.0	0	14.3	2
Team 87	0.0	0	16.7	2	0.0	0	41.7	5
Team 88	6.7	3	55.6	25	4.4	2	6.7	3
Team 89	19.0	8	21.4	9	11.9	5	9.5	4
Team 90	0.0	0	0.0	0	0.0	0	0.0	0
Team 91	0.0	0	0.0	0	36.4	4	9.1	1
Team 92	25.0	5	15.0	3	10.0	2	20.0	4
<b>Total</b>	<b>16.6</b>	<b>269</b>	<b>11.3</b>	<b>184</b>	<b>17.4</b>	<b>283</b>	<b>12.0</b>	<b>194</b>



## Health Insurance at Intake by Team - FY 2018

### Percent and number within Team \*

Team	PRENATAL						POSTNATAL					
	None		AHCCCS		Private		None		AHCCCS		Private	
	%	n	%	n	%	n	%	n	%	n	%	n
Team 2	13.3	2	86.7	13	0.0	0	6.4	7	80.0	88	11.8	13
Team 3	0.0	0	81.8	9	18.2	2	7.1	6	79.8	67	9.5	8
Team 5	5.3	1	84.2	16	10.5	2	16.8	16	74.7	71	8.4	8
Team 6	3.0	1	81.8	27	6.1	2	1.3	1	93.3	70	5.3	4
Team 8	12.5	2	75.0	12	12.5	2	2.7	2	81.3	61	14.7	11
Team 9	0.0	0	85.7	6	14.3	1	5.3	1	78.9	15	15.8	3
Team 10	8.0	2	72.0	18	12.0	3	4.3	4	75.5	71	20.2	19
Team 11	0.0	0	91.3	21	8.7	2	2.4	2	77.6	66	20.0	17
Team 12	0.0	0	75.0	6	25.0	2	1.4	1	85.9	61	12.7	9
Team 13	0.0	0	100	25	0.0	0	4.0	2	90.0	45	6.0	3
Team 15	9.5	2	85.7	18	4.8	1	2.7	2	82.2	60	13.7	10
Team 17	0.0	0	50.0	1	50.0	1	0.0	0	66.7	10	33.3	5
Team 18	7.7	2	80.8	21	11.5	3	1.6	1	79.7	51	17.2	11
Team 19	7.1	1	85.7	12	7.1	1	26.0	20	61.0	47	11.7	9
Team 21	22.2	2	55.6	5	22.2	2	1.3	1	76.3	58	22.4	17
Team 23	7.4	2	81.5	22	11.1	3	10.6	11	79.8	83	8.7	9
Team 27	0.0	0	100	15	0.0	0	1.0	1	88.8	87	10.2	10
Team 28	0.0	0	55.6	10	44.4	8	0.0	0	67.3	35	32.7	17
Team 32	8.3	1	75.0	9	8.3	1	2.4	1	92.9	39	2.4	1
Team 33	0.0	0	83.3	40	16.7	8	5.7	6	79.2	84	15.1	16
Team 48	11.1	2	77.8	14	11.1	2	17.1	21	66.7	82	15.4	19
Team 61	10.0	2	85.0	17	5.0	1	13.3	16	76.7	92	9.2	11
Team 62	0.0	0	92.9	13	7.1	1	13.4	15	76.8	86	8.9	10
Team 64	20.0	6	70.0	21	10.0	3	16.0	17	76.4	81	7.5	8
Team 65	13.3	2	73.3	11	13.3	2	20.5	18	71.6	63	8.0	7
Team 68	6.3	1	93.8	15	0.0	0	4.7	4	82.6	71	12.8	11
Team 70	7.7	2	92.3	24	0.0	0	1.3	1	90.0	72	8.8	7
Team 71	0.0	0	100	7	0.0	0	22.6	19	69.0	58	8.3	7
Team 80	22.7	5	72.7	16	4.5	1	12.4	12	77.3	75	9.3	9
Team 81	10.5	2	78.9	15	5.3	1	3.6	4	76.8	86	19.6	22
Team 82	4.2	1	87.5	21	8.3	2	4.4	2	75.6	34	15.6	7
Team 83	5.3	1	89.5	17	5.3	1	14.2	15	75.5	80	10.4	11
Team 84	0.0	0	93.3	14	6.7	1	11.0	11	81.0	81	5.0	5
Team 85	0.0	0	100	2	0.0	0	0.0	0	81.3	26	18.8	6
Team 87	0.0	0	81.8	9	18.2	2	8.0	2	84.0	21	4.0	1
Team 88	11.1	1	66.7	6	22.2	2	13.2	12	76.9	70	8.8	8
Team 89	5.3	1	84.2	16	10.5	2	11.7	9	81.8	63	6.5	5
Team 90	0.0	0	85.7	6	14.3	1	0.0	0	100	19	0.0	0
Team 91	0.0	0	100	3	0.0	0	0.0	0	100	8	0.0	0
Team 92	0.0	0	52.9	9	47.1	8	0.0	0	79.6	39	20.4	10
<b>Total</b>	<b>6.4</b>	<b>44</b>	<b>81.8</b>	<b>562</b>	<b>10.8</b>	<b>74</b>	<b>8.7</b>	<b>263</b>	<b>78.5</b>	<b>2,376</b>	<b>12.0</b>	<b>364</b>

\*\*Other\*\* insurance percentages are not listed in this table but can be estimated by subtracting the sum of the other insurance categories from 100.



**Late or No Prenatal Care or Poor Compliance at Intake - FY 2018 by Site**  
**Percent and number ( ) within Team**

*Did the mother have late or no prenatal care or poor compliance with prenatal care?*

Team	PRENATAL			POSTNATAL		
	Yes	No	Unknown	Yes	No	Unknown
Team 2	46.7% (7)	53.3% (8)	0.0% (0)	46.8% (52)	53.2% (59)	0.0% (0)
Team 3	36.4% (4)	63.6% (7)	0.0% (0)	42.9% (36)	56.0% (47)	1.2% (1)
Team 5	30.0% (6)	70.0% (14)	0.0% (0)	43.8% (42)	56.3% (54)	0.0% (0)
Team 6	15.2% (5)	84.8% (28)	0.0% (0)	47.4% (36)	46.1% (35)	6.6% (5)
Team 8	43.8% (7)	56.3% (9)	0.0% (0)	28.9% (22)	71.1% (54)	0.0% (0)
Team 9	14.3% (1)	85.7% (6)	0.0% (0)	25.0% (5)	75.0% (15)	0.0% (0)
Team 10	24.0% (6)	72.0% (18)	4.0% (1)	28.1% (27)	69.8% (67)	2.1% (2)
Team 11	26.1% (6)	69.6% (16)	0.0% (0)	25.9% (22)	69.4% (59)	4.7% (4)
Team 12	22.2% (2)	77.8% (7)	0.0% (0)	32.9% (24)	67.1% (49)	0.0% (0)
Team 13	30.8% (8)	72.1% (31)	0.0% (0)	29.4% (15)	70.6% (36)	0.0% (0)
Team 15	19.0% (4)	81.0% (17)	0.0% (0)	27.0% (20)	70.3% (52)	2.7% (2)
Team 17	0.0% (0)	100% (2)	0.0% (0)	20.0% (3)	66.7% (10)	13.3% (2)
Team 18	34.6% (9)	65.4% (17)	0.0% (0)	29.2% (19)	70.8% (46)	0.0% (0)
Team 19	21.4% (3)	78.6% (11)	0.0% (0)	37.7% (29)	59.7% (46)	2.6% (2)
Team 21	20.0% (2)	80.0% (8)	0.0% (0)	36.4% (28)	55.8% (43)	7.8% (6)
Team 23	18.5% (5)	81.5% (22)	0.0% (0)	36.5% (38)	63.5% (66)	0.0% (0)
Team 27	13.3% (2)	80.0% (12)	6.7% (1)	30.6% (30)	66.3% (65)	3.1% (3)
Team 28	5.3% (1)	94.7% (18)	0.0% (0)	28.8% (15)	71.2% (37)	0.0% (0)
Team 32	16.7% (2)	83.3% (10)	0.0% (0)	35.7% (15)	64.3% (27)	0.0% (0)
Team 33	16.3% (8)	83.7% (41)	0.0% (0)	32.7% (35)	65.4% (70)	1.9% (2)
Team 48	22.2% (4)	77.8% (14)	0.0% (0)	35.0% (43)	65.0% (80)	0.0% (0)
Team 61	20.0% (4)	80.0% (16)	0.0% (0)	24.8% (30)	75.2% (91)	0.0% (0)
Team 62	35.7% (5)	57.1% (8)	0.0% (0)	35.4% (40)	64.6% (73)	0.0% (0)
Team 64	26.7% (8)	73.3% (22)	0.0% (0)	38.7% (41)	61.3% (65)	0.0% (0)
Team 65	46.7% (7)	53.3% (8)	0.0% (0)	39.8% (35)	60.2% (53)	0.0% (0)
Team 68	25.0% (4)	75.0% (12)	0.0% (0)	32.6% (28)	67.4% (58)	0.0% (0)
Team 70	23.1% (6)	76.9% (20)	0.0% (0)	35.8% (29)	64.2% (52)	0.0% (0)
Team 71	14.3% (1)	85.7% (6)	0.0% (0)	36.9% (31)	59.5% (50)	3.6% (3)
Team 80	27.3% (6)	72.7% (16)	0.0% (0)	36.1% (35)	63.9% (62)	0.0% (0)
Team 81	10.5% (2)	84.2% (16)	5.3% (1)	29.8% (34)	68.4% (78)	1.8% (2)
Team 82	25.0% (6)	70.8% (17)	4.2% (1)	25.5% (12)	68.1% (32)	6.4% (3)
Team 83	15.8% (3)	84.2% (16)	0.0% (0)	33.0% (35)	66.0% (70)	0.9% (1)
Team 84	26.7% (4)	73.3% (11)	0.0% (0)	41.0% (41)	58.0% (58)	1.0% (1)
Team 85	50.0% (1)	50.0% (1)	0.0% (0)	37.5% (12)	62.5% (20)	0.0% (0)
Team 87	9.1% (1)	63.6% (7)	27.3% (3)	21.4% (6)	60.7% (17)	17.9% (5)
Team 88	33.3% (3)	66.7% (6)	0.0% (0)	35.6% (32)	64.4% (58)	0.0% (0)
Team 89	42.1% (8)	57.9% (11)	0.0% (0)	40.3% (31)	59.7% (46)	0.0% (0)
Team 90	12.5% (1)	87.5% (7)	0.0% (0)	15.8% (3)	84.2% (16)	0.0% (0)
Team 91	66.7% (2)	33.3% (1)	0.0% (0)	37.5% (3)	62.5% (5)	0.0% (0)
Team 92	0.0% (0)	100% (17)	0.0% (0)	18.4% (9)	79.6% (39)	2.0% (1)
<b>Total</b>	<b>23.6% (164)</b>	<b>75.1% (521)</b>	<b>1.3% (9)</b>	<b>34.2% (1,043)</b>	<b>64.3% (1,960)</b>	<b>1.5% (45)</b>



## Race of Mother by Site PRENATAL - FY 2018

### Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	66.7	10	6.7	1	0.0	0	6.7	1	20.0	3
Team 3	45.5	5	9.1	1	0.0	0	9.1	1	36.4	4
Team 5	65.0	13	20.0	4	0.0	0	5.0	1	10.0	2
Team 6	100	33	0.0	0	0.0	0	0.0	0	0.0	0
Team 8	62.5	10	25.0	4	0.0	0	12.5	2	0.0	0
Team 9	100	7	0.0	0	0.0	0	0.0	0	0.0	0
Team 10	80.0	20	4.0	1	8.0	2	0.0	0	8.0	2
Team 11	91.3	21	4.3	1	0.0	0	4.3	1	0.0	0
Team 12	66.7	6	11.1	1	11.1	1	0.0	0	11.1	1
Team 13	3.7	1	0.0	0	0.0	0	96.3	26	0.0	0
Team 15	95.2	20	0.0	0	0.0	0	0.0	0	4.8	1
Team 17	0.0	0	0.0	0	0.0	0	0.0	0	100	2
Team 18	50.0	13	0.0	0	0.0	0	34.6	9	15.4	4
Team 19	85.7	12	0.0	0	0.0	0	0.0	0	14.3	2
Team 21	66.7	6	11.1	1	0.0	0	0.0	0	22.2	2
Team 23	69.2	18	11.5	3	3.8	1	3.8	1	11.5	3
Team 27	86.7	13	6.7	1	0.0	0	0.0	0	6.7	1
Team 28	94.7	18	0.0	0	0.0	0	0.0	0	5.3	1
Team 32	25.0	3	8.3	1	0.0	0	66.7	8	0.0	0
Team 33	85.7	42	0.0	0	0.0	0	0.0	0	14.3	7
Team 48	76.5	13	5.9	1	0.0	0	5.9	1	11.8	2
Team 61	85.0	17	0.0	0	0.0	0	5.0	1	10.0	2
Team 62	71.4	10	7.1	1	0.0	0	7.1	1	14.3	2
Team 64	83.3	25	0.0	0	0.0	0	3.3	1	13.3	4
Team 65	60.0	9	13.3	2	0.0	0	0.0	0	26.7	4
Team 68	68.8	11	0.0	0	0.0	0	6.3	1	25.0	4
Team 70	83.3	20	4.2	1	0.0	0	0.0	0	12.5	3
Team 71	57.1	4	14.3	1	0.0	0	14.3	1	14.3	1
Team 80	77.3	17	0.0	0	0.0	0	4.5	1	18.2	4
Team 81	47.4	9	21.1	4	10.5	2	15.8	3	5.3	1
Team 82	62.5	15	8.3	2	0.0	0	8.3	2	20.8	5
Team 83	57.9	11	26.3	5	0.0	0	5.3	1	10.5	2
Team 84	92.9	13	0.0	0	0.0	0	0.0	0	7.1	1
Team 85	100	2	0.0	0	0.0	0	0.0	0	0.0	0
Team 87	90.9	10	0.0	0	0.0	0	0.0	0	9.1	1
Team 88	77.8	7	22.2	2	0.0	0	0.0	0	0.0	0
Team 89	78.9	15	5.3	1	5.3	1	5.3	1	5.3	1
Team 90	25.0	2	0.0	0	0.0	0	50.0	4	25.0	2
Team 91	33.3	1	0.0	0	0.0	0	33.3	1	33.3	1
Team 92	94.1	16	0.0	0	0.0	0	0.0	0	5.9	1
<b>Total</b>	<b>72.3</b>	<b>498</b>	<b>5.7</b>	<b>39</b>	<b>1.0</b>	<b>7</b>	<b>10.0</b>	<b>69</b>	<b>11.0</b>	<b>76</b>



## Race of Mother by Site POSTNATAL - FY 2018

### Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	80.0	88	4.5	5	0.0	0	1.8	2	13.6	15
Team 3	58.3	49	22.6	19	1.2	1	2.4	2	15.5	13
Team 5	72.9	70	5.2	5	1.0	1	3.1	3	17.7	17
Team 6	98.7	75	0.0	0	0.0	0	1.3	1	0.0	0
Team 8	76.3	58	5.3	4	3.9	3	6.6	5	7.9	6
Team 9	89.5	17	5.3	1	0.0	0	0.0	0	5.3	1
Team 10	85.4	82	4.2	4	1.0	1	6.3	6	3.1	3
Team 11	82.4	70	5.9	5	2.4	2	3.5	3	5.9	5
Team 12	79.2	57	2.8	2	0.0	0	0.0	0	18.1	13
Team 13	1.9	1	0.0	0	0.0	0	98.1	51	0.0	0
Team 15	79.7	59	0.0	0	0.0	0	0.0	0	20.3	15
Team 17	80.0	12	0.0	0	0.0	0	0.0	0	20.0	3
Team 18	60.9	39	0.0	0	3.1	2	26.6	17	9.4	6
Team 19	80.5	62	2.6	2	2.6	2	3.9	3	10.4	8
Team 21	88.5	69	2.6	2	0.0	0	1.3	1	7.7	6
Team 23	68.3	71	10.6	11	1.0	1	3.8	4	16.3	17
Team 27	84.7	83	5.1	5	3.1	3	4.1	4	3.1	3
Team 28	88.0	44	0.0	0	4.0	2	6.0	3	2.0	1
Team 32	21.4	9	0.0	0	2.4	1	64.3	27	11.9	5
Team 33	72.8	75	1.9	2	0.0	0	7.8	8	17.5	18
Team 48	73.2	90	9.8	12	2.4	3	1.6	2	13.0	16
Team 61	63.3	76	19.2	23	1.7	2	2.5	3	13.3	16
Team 62	68.1	77	9.7	11	0.9	1	1.8	2	19.5	22
Team 64	85.7	90	6.7	7	0.0	0	1.0	1	6.7	7
Team 65	75.0	66	3.4	3	4.5	4	1.1	1	15.9	14
Team 68	73.3	63	4.7	4	4.7	4	4.7	4	12.8	11
Team 70	59.3	48	1.2	1	0.0	0	2.5	2	37.0	30
Team 71	61.4	51	10.8	9	1.2	1	0.0	0	26.5	22
Team 80	70.8	68	7.3	7	0.0	0	4.2	4	17.7	17
Team 81	84.2	96	6.1	7	4.4	5	1.8	2	3.5	4
Team 82	82.6	38	6.5	3	2.2	1	0.0	0	8.7	4
Team 83	78.3	83	5.7	6	0.0	0	0.0	0	16.0	17
Team 84	72.0	72	9.0	9	1.0	1	4.0	4	14.0	14
Team 85	90.6	29	3.1	1	3.1	1	3.1	1	0.0	0
Team 87	92.9	26	0.0	0	0.0	0	0.0	0	7.1	2
Team 88	73.6	67	5.5	5	0.0	0	3.3	3	17.6	16
Team 89	74.0	57	7.8	6	0.0	0	3.9	3	14.3	11
Team 90	21.1	4	0.0	0	0.0	0	57.9	11	21.1	4
Team 91	75.0	6	0.0	0	0.0	0	12.5	1	12.5	1
Team 92	83.7	41	2.0	1	0.0	0	8.2	4	6.1	3
<b>Total</b>	<b>73.7</b>	<b>2,238</b>	<b>6.0</b>	<b>182</b>	<b>1.4</b>	<b>42</b>	<b>6.2</b>	<b>188</b>	<b>12.7</b>	<b>386</b>



## Hispanic Ethnicity of Mother by Team- FY 2018

Team	Percent Hispanic Prenatal	Percent Hispanic Postnatal	Percent Hispanic Total
Team 2	53.3	64.0	62.7
Team 3	63.6	54.8	55.8
Team 5	60.0	60.4	60.3
Team 6	97.0	96.1	96.3
Team 8	56.3	51.3	52.2
Team 9	57.1	25.0	33.3
Team 10	76.0	62.5	65.3
Team 11	65.2	58.8	60.2
Team 12	44.4	42.5	42.7
Team 13	0.0	1.9	1.3
Team 15	95.2	93.2	93.7
Team 17	100	46.7	52.9
Team 18	46.2	36.9	39.6
Team 19	57.1	70.1	68.1
Team 21	40.0	35.9	36.4
Team 23	48.1	54.8	53.4
Team 27	60.0	57.1	57.5
Team 28	47.4	34.6	38.0
Team 32	16.7	16.7	16.7
Team 33	30.6	25.2	26.9
Team 48	77.8	65.0	66.7
Team 61	65.0	55.4	56.7
Team 62	50.0	67.3	65.4
Team 64	40.0	59.8	55.5
Team 65	53.3	64.8	63.1
Team 68	68.8	34.9	40.2
Team 70	92.3	85.2	86.9
Team 71	57.1	47.6	48.4
Team 80	77.3	64.3	66.7
Team 81	52.6	50.0	50.4
Team 82	66.7	46.8	53.5
Team 83	52.6	79.2	75.2
Team 84	60.0	49.0	50.4
Team 85	0.0	40.6	38.2
Team 87	63.6	57.1	59.0
Team 88	55.6	76.9	75.0
Team 89	52.6	46.8	47.9
Team 90	37.5	42.1	40.7
Team 91	100	0.0	27.3
Team 92	58.8	53.1	54.5
<b>Total</b>	<b>57.1</b>	<b>55.9</b>	<b>56.2</b>





**Gestational Age by Team - FY 2018**  
**(Number and Percent within Team)**

*Was the gestational age less than 37 weeks?*

Team	PRENATAL				POSTNATAL			
	No		Yes		No		Yes	
	%	n	%	n	%	n	%	n
Team 2	86.7	13	13.3	2	79.1	91	20.9	24
Team 3	90.0	9	10.0	1	76.5	65	23.5	20
Team 5	84.2	16	15.8	3	80.2	77	19.8	19
Team 6	100	29	0.0	0	87.0	67	13.0	10
Team 8	92.9	13	7.1	1	86.8	66	13.2	10
Team 9	83.3	5	16.7	1	85.0	17	15.0	3
Team 10	78.3	18	21.7	5	84.0	84	16.0	16
Team 11	94.7	18	5.3	1	89.3	75	10.7	9
Team 12	88.9	8	11.1	1	88.1	59	11.9	8
Team 13	100	10	0.0	0	92.5	49	7.5	4
Team 15	88.9	16	11.1	2	88.0	66	12.0	9
Team 17	0.0	0	100	1	93.3	14	6.7	1
Team 18	95.8	23	4.2	1	85.1	57	14.9	10
Team 19	69.2	9	30.8	4	81.0	64	19.0	15
Team 21	100	6	0.0	0	91.0	71	9.0	7
Team 23	73.3	22	26.7	8	79.0	83	21.0	22
Team 27	66.7	4	33.3	2	93.9	92	6.1	6
Team 28	88.2	15	11.8	2	90.2	46	9.8	5
Team 32	100	9	0.0	0	90.0	36	10.0	4
Team 33	84.1	37	15.9	7	83.0	88	17.0	18
Team 48	87.5	14	12.5	2	79.1	102	20.9	27
Team 61	71.4	15	28.6	6	79.2	99	20.8	26
Team 62	91.7	11	8.3	1	78.9	90	21.1	24
Team 64	73.9	17	26.1	6	78.9	90	21.1	24
Team 65	80.0	12	20.0	3	84.9	73	15.1	13
Team 68	100	11	0.0	0	77.8	70	22.2	20
Team 70	94.7	18	5.3	1	81.5	66	18.5	15
Team 71	100	6	0.0	0	75.6	65	24.4	21
Team 80	95.2	20	4.8	1	81.3	78	18.8	18
Team 81	83.3	15	16.7	3	81.9	95	18.1	21
Team 82	83.3	15	16.7	3	89.4	42	10.6	5
Team 83	100	18	0.0	0	79.6	82	20.4	21
Team 84	85.7	12	14.3	2	83.0	83	17.0	17
Team 85	100	1	0.0	0	87.5	28	12.5	4
Team 87	100	11	0.0	0	100	28	0.0	0
Team 88	88.9	8	11.1	1	88.8	79	11.2	10
Team 89	94.4	17	5.6	1	84.4	65	15.6	12
Team 90	100	8	0.0	0	89.5	17	10.5	2
Team 91	100	3	0.0	0	100	8	0.0	0
Team 92	93.8	15	6.3	1	98.0	48	2.0	1
<b>Total</b>	<b>87.8</b>	<b>527</b>	<b>12.2</b>	<b>73</b>	<b>83.7</b>	<b>2,575</b>	<b>16.3</b>	<b>501</b>



## Low Birth Weight by Team – FY 2018 (Number and Percent within Team)

*Did the child have low birth weight? (less than 2500 grams, 88 ounces, or 5.5 pounds)*

Team	PRENATAL				POSTNATAL			
	No		Yes		No		Yes	
	%	n	%	n	%	n	%	n
Team 2	92.3	12	7.7	1	86.8	99	13.2	15
Team 3	100	9	0.0	0	79.8	67	20.2	17
Team 5	88.9	16	11.1	2	83.5	81	16.5	16
Team 6	100	26	0.0	0	90.7	68	9.3	7
Team 8	100	13	0.0	0	86.8	66	13.2	10
Team 9	75.0	3	25.0	1	90.0	18	10.0	2
Team 10	81.8	18	18.2	4	85.1	86	14.9	15
Team 11	94.1	16	5.9	1	89.4	76	10.6	9
Team 12	100	8	0.0	0	91.7	66	8.3	6
Team 13	100	10	0.0	0	94.1	48	5.9	3
Team 15	93.3	14	6.7	1	88.6	62	11.4	8
Team 17	100	1	0.0	0	93.3	14	6.7	1
Team 18	91.7	22	8.3	2	86.4	57	13.6	9
Team 19	83.3	10	16.7	2	78.5	62	21.5	17
Team 21	100	4	0.0	0	93.5	72	6.5	5
Team 23	66.7	16	33.3	8	83.0	83	17.0	17
Team 27	100	9	0.0	0	84.5	82	15.5	15
Team 28	87.5	14	12.5	2	95.9	47	4.1	2
Team 32	100	8	0.0	0	95.1	39	4.9	2
Team 33	95.1	39	4.9	2	86.0	92	14.0	15
Team 48	100	16	0.0	0	84.7	105	15.3	19
Team 61	93.3	14	6.7	1	85.5	106	14.5	18
Team 62	72.7	8	27.3	3	82.4	89	17.6	19
Team 64	83.3	20	16.7	4	79.6	90	20.4	23
Team 65	78.6	11	21.4	3	84.1	69	15.9	13
Team 68	91.7	11	8.3	1	82.8	72	17.2	15
Team 70	100	19	0.0	0	88.5	69	11.5	9
Team 71	100	6	0.0	0	85.9	73	14.1	12
Team 80	100	21	0.0	0	89.5	85	10.5	10
Team 81	82.4	14	17.6	3	82.5	94	17.5	20
Team 82	90.0	18	10.0	2	87.0	40	13.0	6
Team 83	100	15	0.0	0	88.2	90	11.8	12
Team 84	83.3	10	16.7	2	84.9	79	15.1	14
Team 85	100	1	0.0	0	90.6	29	9.4	3
Team 87	100	11	0.0	0	100	27	0.0	0
Team 88	100	9	0.0	0	90.0	81	10.0	9
Team 89	94.1	16	5.9	1	79.5	62	20.5	16
Team 90	75.0	6	25.0	2	89.5	17	10.5	2
Team 91	100	2	0.0	0	100	7	0.0	0
Team 92	100	17	0.0	0	95.7	45	4.3	2
<b>Total</b>	<b>91.4</b>	<b>513</b>	<b>8.6</b>	<b>48</b>	<b>86.4</b>	<b>2,614</b>	<b>13.6</b>	<b>413</b>



## Mother's Parent Survey Score by Team - FY 2018

Team	PRENATAL		POSTNATAL	
	Median Yearly Income	Number	Median Yearly Income	Number
Team 2	12,000	15	13,000	111
Team 3	22,800	11	10,200	84
Team 5	13,200	20	12,000	96
Team 6	15,912	33	10,500	76
Team 8	8,400	16	16,200	76
Team 9	9,600	7	6,780	20
Team 10	15,600	25	12,000	96
Team 11	8,820	23	13,200	85
Team 12	21,600	9	9,360	72
Team 13	2,400	27	5,460	52
Team 15	10,320	21	7,200	74
Team 17	17,450	2	18,000	15
Team 18	12,000	26	16,800	65
Team 19	21,192	14	14,400	77
Team 21	22,200	10	13,700	78
Team 23	10,800	27	13,122	104
Team 27	9,600	15	12,674	98
Team 28	12,000	19	23,500	52
Team 32	4,500	12	6,571	42
Team 33	16,800	49	14,400	107
Team 48	23,082	18	15,600	123
Team 61	12,000	20	16,800	121
Team 62	5,700	14	14,400	113
Team 64	14,400	30	13,200	107
Team 65	6,000	15	14,760	88
Team 68	2,700	16	14,400	86
Team 70	9,240	26	6,100	81
Team 71	-	-	14,700	84
Team 80	12,600	22	14,400	97
Team 81	15,600	19	14,400	114
Team 82	8,910	24	11,000	47
Team 83	10,000	19	14,400	106
Team 84	11,640	15	14,400	100
Team 85	43,200	2	17,520	32
Team 87	14,400	11	14,400	28
Team 88	17,000	9	16,800	91
Team 89	18,000	19	9,600	77
Team 90	4,200	8	-	-
Team 91	13,200	3	14,400	8
Team 92	15,000	17	14,400	49
<b>Total</b>	<b>12,000</b>	<b>695</b>	<b>13,200</b>	<b>3,051</b>



## Mother's Parent Survey Score by Team - FY 2018

Team	PRENATAL				POSTNATAL			
	0 - 20	25 - 40	45 - 65	70+	0 - 20	25 - 40	45 - 65	70+
Team 2	0.0%	40.0%	46.7%	13.3%	0.9%	14.4%	64.9%	19.8.0%
Team 3	0.0%	18.2%	72.7%	9.1%	0.0%	23.8%	57.1%	19.0%
Team 5	0.0%	30.0%	55.0%	15.0%	2.1%	26.0%	60.4%	11.5%
Team 6	6.1%	78.8%	15.2%	0.0%	6.6%	69.7%	21.1%	2.6%
Team 8	0.0%	25.0%	75.0%	0.0%	3.9%	39.5%	48.7%	7.9%
Team 9	0.0%	42.9%	57.1%	0.0%	5.0%	25.0%	65.0%	5.0%
Team 10	0.0%	52.0%	40.0%	8.0%	3.1%	37.5%	55.2%	4.2%
Team 11	0.0%	43.5%	56.5%	0.0%	4.7%	41.2%	51.8%	2.4%
Team 12	0.0%	55.6%	44.4%	0.0%	6.8%	53.4%	38.4%	1.4%
Team 13	0.0%	66.7%	33.3%	0.0%	0.0%	78.8%	21.2%	0.0%
Team 15	0.0%	81.0%	19.0%	0.0%	4.1%	71.6%	24.3%	0.0%
Team 17	0.0%	0.0%	100.0%	0.0%	6.7%	53.3%	33.3%	6.7%
Team 18	3.8%	65.4%	30.8%	0.0%	3.1%	61.5%	32.3%	3.1%
Team 19	0.0%	21.4%	64.3%	14.3%	0.0%	22.1%	62.3%	15.6%
Team 21	0.0%	20.0%	70.0%	10.0%	2.6%	33.3%	60.3%	3.8%
Team 23	3.7%	14.8%	74.1%	7.4%	0.0%	23.1%	64.4%	12.5%
Team 27	0.0%	13.3%	86.7%	0.0%	5.1%	45.9%	48.0%	1.0%
Team 28	0.0%	36.8%	63.2%	0.0%	3.9%	58.8%	35.3%	2.0%
Team 32	0.0%	41.7%	50.0%	8.3%	2.4%	42.9%	42.9%	11.9%
Team 33	4.1%	28.6%	61.2%	6.1%	0.9%	40.2%	51.4%	7.5%
Team 48	0.0%	66.7%	27.8%	5.6%	2.4%	24.4%	65.0%	8.1%
Team 61	0.0%	30.0%	65.0%	5.0%	2.5%	31.4%	55.4%	10.7%
Team 62	0.0%	14.3%	57.1%	28.6%	1.8%	23.9%	61.9%	12.4%
Team 64	0.0%	36.7%	56.7%	6.7%	0.0%	26.2%	58.9%	15.0%
Team 65	0.0%	53.3%	33.3%	13.3%	0.0%	23.9%	58.0%	18.2%
Team 68	0.0%	31.3%	62.5%	6.3%	0.0%	16.3%	66.3%	17.4%
Team 70	3.8%	57.7%	34.6%	3.8%	8.6%	49.4%	40.7%	1.2%
Team 71	0.0%	0.0%	85.7%	14.3%	1.2%	23.8%	63.1%	11.9%
Team 80	0.0%	27.3%	63.6%	9.1%	1.0%	24.5%	53.1%	21.4%
Team 81	0.0%	42.1%	57.9%	0.0%	0.9%	33.3%	62.3%	3.5%
Team 82	8.3%	20.8%	50.0%	20.8%	2.2%	58.7%	39.1%	0.0%
Team 83	0.0%	21.1%	73.7%	5.3%	1.9%	21.7%	61.3%	15.1%
Team 84	0.0%	26.7%	66.7%	6.7%	1.0%	13.0%	66.0%	20.0%
Team 85	0.0%	0.0%	100.0%	0.0%	0.0%	34.4%	56.3%	9.4%
Team 87	18.2%	63.6%	18.2%	0.0%	7.4%	48.1%	44.4%	0.0%
Team 88	0.0%	55.6%	44.4%	0.0%	4.4%	37.4%	46.2%	12.1%
Team 89	0.0%	26.3%	68.4%	5.3%	2.6%	13.0%	71.4%	13.0%
Team 90	0.0%	25.0%	50.0%	25.0%	5.3%	47.4%	47.4%	0.0%
Team 91	0.0%	0.0%	100.0%	0.0%	0.0%	25.0%	75.0%	0.0%
Team 92	5.9%	64.7%	29.4%	0.0%	0.0%	63.3%	36.7%	0.0%
<b>Total</b>	<b>1.7%</b>	<b>40.3%</b>	<b>51.9%</b>	<b>6.0%</b>	<b>2.4%</b>	<b>34.7%</b>	<b>53.4%</b>	<b>9.5%</b>



## Trimester of Enrollment into Prenatal Program by Team - FY 2018

Team	1 <sup>st</sup> Trimester		2 <sup>nd</sup> Trimester		3 <sup>rd</sup> Trimester		Other/ Unknown		Total
	#	%	#	%	#	%	#	%	#
Team 2	1	6.7	7	46.7	7	46.7	0	0.0	15
Team 3	0	0.0	4	36.4	7	63.6	0	0.0	11
Team 5	2	10.0	7	35.0	11	55.0	0	0.0	20
Team 6	7	21.2	14	42.4	12	36.4	0	0.0	33
Team 8	2	12.5	5	31.3	8	50.0	1	6.3	16
Team 9	1	14.3	3	42.9	3	42.9	0	0.0	7
Team 10	2	8.0	8	32.0	15	60.0	0	0.0	25
Team 11	1	4.3	7	30.4	15	65.2	0	0.0	23
Team 12	4	44.4	2	22.2	3	33.3	0	0.0	9
Team 13	5	18.5	12	44.4	10	37.0	0	0.0	27
Team 15	4	19.0	9	42.9	8	38.1	0	0.0	21
Team 17	0	0.0	0	0.0	2	100.0	0	0.0	2
Team 18	5	19.2	8	30.8	13	50.0	0	0.0	26
Team 19	2	14.3	6	42.9	6	42.9	0	0.0	14
Team 21	0	0.0	3	30.0	7	70.0	0	0.0	10
Team 23	0	0.0	9	33.3	18	66.7	0	0.0	27
Team 27	0	0.0	4	26.7	11	73.3	0	0.0	15
Team 28	4	21.1	3	15.8	12	63.2	0	0.0	19
Team 32	2	16.7	7	58.3	2	16.7	1	8.3	12
Team 33	17	34.7	22	44.9	10	20.4	0	0.0	49
Team 48	2	11.1	4	22.2	11	61.1	1	5.6	18
Team 61	1	5.0	9	45.0	10	50.0	0	0.0	20
Team 62	1	7.1	4	28.6	9	64.3	0	0.0	14
Team 64	2	6.7	12	40.0	16	53.3	0	0.0	30
Team 65	3	20.0	5	33.3	7	46.7	0	0.0	15
Team 68	1	6.3	6	37.5	9	56.3	0	0.0	16
Team 70	2	7.7	12	46.2	12	46.2	0	0.0	26
Team 71	1	14.3	3	42.9	3	42.9	0	0.0	7
Team 80	4	18.2	7	31.8	11	50.0	0	0.0	22
Team 81	2	10.5	3	15.8	14	73.7	0	0.0	19
Team 82	7	29.2	11	45.8	6	25.0	0	0.0	24
Team 83	1	5.3	8	42.1	10	52.6	0	0.0	19
Team 84	1	6.7	8	53.3	6	40.0	0	0.0	15
Team 85	0	0.0	1	50.0	1	50.0	0	0.0	2
Team 87	0	0.0	1	9.1	10	90.9	0	0.0	11
Team 88	1	11.1	6	66.7	2	22.2	0	0.0	9
Team 89	1	5.3	10	52.6	8	42.1	0	0.0	19
Team 90	1	12.5	2	25.0	5	62.5	0	0.0	8
Team 91	0	0.0	1	33.3	2	66.7	0	0.0	3
Team 92	1	5.9	5	29.4	11	64.7	0	0.0	17
<b>Total</b>	<b>91</b>	<b>13.1</b>	<b>258</b>	<b>37.1</b>	<b>343</b>	<b>49.4</b>	<b>3</b>	<b>0.4</b>	<b>695</b>



## Engaged Prenatal Families that Exited Before Baby's Birth By Team - 2018

Team	Total Families	# Closed Before birth	% Closed Before birth
Team 2	15	0	0.0
Team 3	11	0	0.0
Team 5	20	1	5.0
Team 6	33	0	0.0
Team 8	16	0	0.0
Team 9	7	0	0.0
Team 10	25	0	0.0
Team 11	23	0	0.0
Team 12	9	0	0.0
Team 13	27	0	0.0
Team 15	21	1	4.8
Team 17	2	0	0.0
Team 18	26	1	3.8
Team 19	14	0	0.0
Team 21	10	0	0.0
Team 23	27	0	0.0
Team 27	15	0	0.0
Team 28	19	0	0.0
Team 32	12	0	0.0
Team 33	49	2	4.1
Team 48	18	0	0.0
Team 61	20	0	0.0
Team 62	14	0	0.0
Team 64	30	0	0.0
Team 65	15	1	6.7
Team 68	16	1	6.3
Team 70	26	1	3.8
Team 71	7	1	14.3
Team 80	22	0	0.0
Team 81	19	0	0.0
Team 82	24	0	0.0
Team 83	19	0	0.0
Team 84	15	0	0.0
Team 85	2	0	0.0
Team 87	11	0	0.0
Team 88	9	0	0.0
Team 89	19	0	0.0
Team 90	8	0	0.0
Team 91	3	0	0.0
Team 92	17	0	0.0
<b>Total</b>	<b>695</b>	<b>9</b>	<b>1.3</b>



## Appendix B. Healthy Families Arizona Advisory Board Members

**Amy Hodgson**

Arizona Department of Child Safety,  
Healthy Families Arizona  
Central Administration

**Rebecca Ruffner**

Prevent Child Abuse Arizona  
Committee Chairperson

**Michel Lahti**

**Darlene Lopez**

LeCroy & Milligan Associates

**Ginger Ward**

**Suzanne Schunk**

Southwest Human Development

**Pauline Haas-Vaughn**

Child and Family Resources

**Erika Mendoza**

Parenting Arizona

**Sue Smith**

Arizona Department of Child Safety,  
Office of Prevention

**Carol Lopinski**

First Things First

**Mary Warren**

Prevent Child Abuse Arizona

**Kelley Murphy**

Children's Action Alliance

**Judy Krysik**

Arizona State University

**Joanne M. Karolzak**

Casa de los Niños

**Michael Oxtoby**

Coconino County Public Health  
Services District

**Jessica Stewart**

**Peggy Peixoto**

Arizona Department of Health  
Service, Bureau of Women's and  
Children's Health



## Appendix C. Parent Survey

### Parent Survey\*

#### Problem Areas and Interpretation (Mother & Father)

Areas (Scales)	Range	Interpretation/ Administration
1. Parent Childhood Experiences (e.g., Childhood history of physical abuse and deprivation)	0, 5, or 10	The <i>Parent Survey</i> comprises a 10-item rating scale. A score of 0 represents normal, 5 represents a mild degree of the problem, and a 10 represents severe for both the Mother and Father Parent Survey Checklist items. The <i>Parent Survey</i> is an assessment tool and is administered to the mother and father prior to enrollment through an interview by a Family Assessment Worker from the Healthy Families Arizona Program. A family is considered eligible to receive the Healthy Families Arizona program if either parent scores 25 or higher.
2. Lifestyle, Behaviors and Mental Health (e.g., substance abuse, mental illness, or criminal history)	0, 5, or 10	
3. Parenting Experiences (e.g., Previous or current CPS involvement)	0, 5, or 10	
4. Coping Skills and Support Systems (e.g., Self-esteem, available lifelines, possible depression)	0, 5, or 10	
5. Stresses (e.g., Stresses, concerns, domestic violence)	0, 5, or 10	
6. Anger Management Skills (e.g., Potential for violence)	0, 5, or 10	
7. Expectations of Infant's Developmental Milestones and Behaviors	0, 5, or 10	
8. Plans for Discipline (e.g., infant, toddler, and child)	0, 5, or 10	
9. Perception of New Infant	0, 5, or 10	
10. Bonding/Attachment Issues	0, 5, or 10	
<b>Total Score</b>	0 - 100	A score over 25 is considered medium risk for child abuse and neglect, and a score over 40 is considered high-risk for child abuse.

\* Modified from the Family Stress Checklist





# Appendix D. Healthy Families Arizona Prenatal Logic Model



### Long-Term Outcomes

- Reduced child abuse and neglect
- Increased child wellness and development
- Strengthened family relations
- Enhanced family unity
- Reduced abuse of drugs and alcohol

The logic model provides a guide to the program staff and evaluators of the HFAZ prenatal component and pinpoints areas critical to the success of the model. The Healthy Families Critical Elements and Legislative Requirements are embedded in the model.

### Prenatal Program Objectives

1. Increase the family's support network	2. Improve mother's mental health	3. Increase parents' health behaviors	4. Increase the family members' problem solving skills	5. Improve nutrition	6. Increase empathy for the unborn baby	7. Increase father involvement	8. Increase safety in the home environment	9. Increase the delivery of healthy babies, free from birth complications
<b>Program Activities and Strategies</b>								
<p><b>Assess</b> family's support systems</p> <p><b>Model</b> relationship skills</p> <p><b>Foster connections</b> to positive support sources</p> <p><b>Educate</b> on communication skills, community resources, and social connections</p>	<p><b>Review</b> history of birthing</p> <p><b>Identify and Address</b> signs and history of depression, trauma, mental illness, substance abuse, and issues of grief and loss</p> <p><b>Encourage</b> medical assessment, referral and treatment if needed</p> <p><b>Encourage/coach</b> on exercise, self-care, rest</p> <p><b>Educate</b> on post-partum depression</p>	<p><b>Educate</b> on the effect of drugs, medicines, and maternal stress on fetus</p> <p><b>Assess</b> personal risk behaviors; <b>Educate</b> on dangers of specific risk behaviors</p> <p><b>Teach</b> stress reduction techniques</p> <p><b>Support</b> family in making lifestyle changes and adopting healthy behaviors</p> <p><b>Educate</b> on community resources</p> <p><b>Explore</b> domestic violence, create safety plan</p>	<p><b>Identify</b> major life stressors</p> <p><b>Educate</b> on problem-solving, goal setting, Use Family Goal to review progress</p> <p><b>Educate</b> on how to access community resources</p> <p><b>Make referrals</b> as needed for anger and stress management</p>	<p><b>Educate</b> and provide materials on nutrition during pregnancy, buying and choosing healthy foods, and requirements for healthy fetal development</p> <p><b>Provide referrals</b> to WIC, and other resources</p> <p><b>Encourage</b> healthy celebrations</p>	<p><b>Explore and assess</b> issues around pregnancy, relationships, hopes, fears</p> <p><b>Discuss and educate</b> about changes in body, sexuality during pregnancy</p> <p><b>Share</b> developmental information about stages of development of fetus</p> <p><b>Encourage</b> pre-birth bonding and stimulation exercises (reading, touch, etc)</p>	<p><b>Explore</b> father's feelings and expectations, childhood experiences, hopes and fears about baby, and goals for fatherhood</p> <p><b>Educate</b> about changes in intimacy, ways father can support mother</p> <p><b>Encourage</b> supportive relationships for father</p> <p><b>Educate</b> on father's legal rights and responsibilities</p>	<p><b>Assess and promote</b> necessary safety preparations, e.g. car seat, pets, SIDS, safe sleeping, child care, and feeding</p> <p><b>Educate</b> on baby temperaments, how to calm baby, Shaken Baby Syndrome, medical concerns</p> <p><b>Refer</b> to parenting workshops</p>	<p><b>Connect</b> mother to prenatal care and encourage compliance with visits</p> <p><b>Encourage</b> STD testing</p> <p><b>Educate</b> on symptoms requiring medical attention</p> <p><b>Promote</b> breastfeeding and refer to resources</p>
<b>Outcome Evaluation measures</b>								
Healthy Families Parenting Inventory–Prenatal(HFPIP),FSS-23	HFPIP; CRAFFT; Edinburgh	HFPIP; CRAFFT	HFPIP; Family Goal Plan	HFPIP; FSS-23	HFPIP	HFPIP	HFPIP; Safety checklist	HFPIP; FSS20P

**Program Resources**

Family Support Specialists  
Family Assessment Workers  
Clinical consultants  
Quality Assurance /Training/Evaluation  
Funding

**Other Resources**

Community based services, e.g prenatal support & education programs, hospital programs, nutrition services, translation & transportation services, mental health, domestic violence, substance abuse services

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# Appendix E. Healthy Families Arizona Postnatal Logic Model

