



Healthy Families Arizona
Annual Evaluation Report - FY2015
July 2014 – June 2015



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ASSOCIATES, INC.

Healthy Families Arizona, Annual Evaluation Report 2015 July 2014 – June 2015

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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 twenty-fourth 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 2015, with combined funding from the Arizona Department of Child Safety (DCS), First Things First (FTF), and the Department of Health Services (DHS) funding, Healthy Families Arizona provided services to families in 13 counties through 12 sites and 41 teams.

Who Does Healthy Families Arizona Serve?

A total of 4,911 families were monitored for evaluation purposes during the current study year from July 1, 2014 through June 30, 2015. The evaluation of the statewide Healthy Families Arizona system covers only families with children that are 24 months old or younger (n=4,191) The remaining 720 families' children were between 24 and 60 months, so were not included in the evaluation. 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 further restricts our dataset to 3,455 families that have received at least four home visits. Slightly less than one fourth of the families enter in the prenatal period and the average length of time in the program is just under 12 months.



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 into 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)	18.5%	14.1%	8.5%
Births to Single Parents	71.4%	71.8%	45.1%
Less Than High School Education	35.5%	35.8%	17.6%
Not Employed	73.6%	78.1%	45.8%
No Health Insurance	4.4%	6.1%	3.6%
Receives AHCCCS	88.0%	81.9%	53.8%
Late or No Prenatal Care	27.1%	35.6%	18.7%
Median Yearly Income	\$10,800	\$12,000	\$50,068

Risk Factors for Infants	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Born < 37 weeks gestation	9.7%	16.0%	9.0%
Birth Defects	1.1%	0.8%	0.7%
Low Birth Weight	8.2%	13.5%	6.9%
Positive Alcohol/Drug Screen	1.6%	10.2%	1.6%

Sources: Arizona State Rates come from 2013 data from the Arizona Department of Health Services Vital Statistics records, and the U.S. Census Bureau, American Community Survey, 2013. The Prenatal and Postnatal Families data comes from the Evaluation dataset.

Outcomes for Families and Children Participating in Healthy Families

The Healthy Families Parenting Inventory (HFPI) revealed statistically significant improvement on all subscales at 6 months, and all at 12 months except social support. This indicated that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect.



Parents in Healthy Families report significant changes 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
- 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 71.0% compared to a 74.6% immunization rate for 2 year-olds in the state of Arizona as a whole. Healthy Families Arizona also educates families on home safety practices. Results indicate that for families who have been in the program for 12 months: 99.8% of participants are using car seats, 95.8% have poisons locked, and 91.6% have working smoke alarms. Developmental delays are screened for at regular intervals in the Healthy Families Arizona program to assure that children who need further services are referred appropriately to local community services and other medical homes in order to promote for the families to access their available concrete supports. For 2014-2015 approximately 85% 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 114 Healthy Families Arizona families had a substantiated case of child abuse and/or neglect out of 2,658 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 618 families that were involved with the Department of Child Safety (DCS), previously known as Child Protective Services.

Mothers' Health, Education, and Employment

Healthy Families Arizona also seeks to improve the health, education, and employment outcomes among mothers to increase their resilience and so they are better equipped to meet their families' needs. Research shows that spacing pregnancies at least 24 months apart has positive health benefits for the mother. This year 0.9% of mothers with a subsequent pregnancy waited over 24 months before they got pregnant with their next



child. The number of mothers enrolled in school has continued to decrease in recent years, with 12.8% enrolled at 1 year of program participation, and 11.7% at 2 years. The home visitors also complete screenings and provide referrals for mental health services and substance abuse problems. Substance abuse continues to be a difficult problem for families, but is less than in fiscal year 2014. Approximately 41% of the participants were screened as having a history of substance abuse problems at intake, with nearly 7.5% continuing to have problems after six months in the program, down from 12% in 2014.



Introduction

Healthy Families Arizona was established in 1991 by the Arizona Department of Economic Security (now known as the Arizona Department of Child Safety) as a home visitation service for at-risk families, and is now in its 24th 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 nearly 630 affiliated program sites in 40 States, the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Puerto Rico, US Virgin Islands, 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 a multi-site statewide system. The Office of Prevention and Family Support under the Arizona Department of Child Safety is designated as the Central Administration for all accredited Healthy Families Arizona sites. The variety of functions performed by Central Administration is designed to support the multi-site system and include quality assurance, evaluation, training and technical assistance, 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 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 2015, funding level for the statewide system included \$7,161,984 from DCS, \$5,915,520 from FTF, and \$4,813,024 from DHS. The combined funding of \$17,890,528



from DCS, FTF, and DHS allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 244 zip code areas around Arizona. For the 2015 state fiscal year, there were 12 sites and 41 home visitor teams (12 DCS funded, 7 FTF funded, 9 MIECHV funded, and 13 receiving funding from more than one source). See Exhibit 1 for a list of teams funded in Fiscal Year 2015.

Exhibit 1. Healthy Families Arizona Program Sites in State Fiscal Year 2015

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	16
Mohave County	2
Mohave County / La Paz County	2
Pima County	6
Pinal County	3
Verde Valley (in Yavapai County)	1
Yavapai County	1
Yuma County	2
Statewide	41



In This Report

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 2015 from July 1, 2014 to June 30, 2015. Additionally, this report also reviews recently published literature related to Healthy Families and 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 2015 Annual Evaluation Report has been designed to provide vital information and reporting of yearly data for basic accountability and credentialing. The data analyzed are limited to only those families within 24 months of the birth of the infant. 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.

Evaluation Methodology

The Healthy Families Arizona evaluation includes both a process evaluation component and an outcome evaluation component. The primary questions for the **process** evaluation include: *Who participates in the program and 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?*



In order to answer the process evaluation question, participants of the Healthy Families Arizona program are described and the services they receive are documented. In the process evaluation, the program “inputs” such as numbers served, participant characteristics, and services received are described.

Also, information relative to Critical Elements and expected standards from Healthy Families America is provided as a benchmark for assessing some aspects of the implementation. The primary data for the process evaluation comes from the management information system developed to process data for Healthy Families Arizona. Sites are required to submit data 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.

The overall aim for the outcome study is to examine program effects and outputs, at both the parent and child level on a number of different outcomes. During the course of the evaluation, the evaluation team has worked together with program staff to develop and select key program measures that are used to provide feedback and to 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 at different time points of program participation: 6 months, 12 months, 18 months, and 24 months. The outcome evaluation also includes examination of substantiated cases of child abuse and neglect obtained through the Department of Economic Security’s CHILDS database.

The process and outcome components of the evaluation were developed and guided by the logic models for both the prenatal and postnatal programs. Logic models for the prenatal and postnatal components of Healthy Families Arizona are presented in the Appendices.



Review of Current Literature

According to the most recent Child Maltreatment report conducted by U.S. Department of Health and Human Services, there were 679,000 substantiated reports of child maltreatment in 2013 (U.S. Department of Health and Human Services, 2015). Due to the high prevalence and associated costs of child maltreatment, policy makers, program developers, and various stakeholders have vested interest in finding ways to support overburdened families susceptible to adverse childhood experiences. Home visitation programs are designed to be a preventative and cost-saving measure in place to support the healthy development of children while reducing issues often encountered by low-income families. Home visitation programs provide assessment, parent education and support, and referral to and coordination with services needed by children and their families.

Methods to provide these supports include setting goals with caregivers and determining strategies to meet their goals, assisting caregivers with issues negatively impacting their families, teaching problem-solving skills and parenting skills, assisting parents and children with conflict resolution and crisis intervention, providing education to caregivers about their child's development, strengthening support networks, and coordinating referrals to community resources. High priority outcomes that are commonly shared by home visitation programs include promoting positive parenting behavior, increasing the utilization of prenatal care, improving parent-child interaction and school readiness, preventing child abuse and neglect, fostering economic self-sufficiency, encouraging child preventive care and increasing access to primary care medical services, and promoting child development.

BENEFITS OF HEALTHY FAMILIES

Studies of various Healthy Families programs (including New York, Massachusetts, Arizona, and in American Indian communities) show that participants benefit in many ways, including:

- Reduced abusive and neglectful parenting practices
- Reduced risk of low birth weight
- Improvements on measures of harsh discipline
- Increased parent knowledge
- Increased maternal involvement
- Decreased parenting stress
- Increased use of safety practices
- Improved parenting attitudes
- Parents reading more often with their children
- Increased access to resources
- Reduced alcohol use
- Increased schooling and training for parents



Recent studies have shown that some home visiting programs have reduced the occurrence of child maltreatment. Home visitation programs continue to attract researchers and evaluators in an effort to determine how to build more effective practice models. As the federal government has invested over \$1.5 billion into home visitation programs in states, territories and tribal entities over the last five years and recently approved an additional two-year \$800 million investment into The Maternal, Infant, and Early Childhood Home Visiting Program, it is critical that there is a continued effort to document and track home visiting program outcomes (Prevent Child Abuse America, 2013).

The Home Visiting Evidence of Effectiveness review for the U.S. Department of Health and Human Services found 14 home-visiting programs that have undergone at least one high-quality or moderate-quality evaluative study with at least two favorable, statistically significant impacts in the same domain or two different domains. The outcome measures in the comprehensive review were in the domains of Child Health, Maternal Health, Child Development and School Readiness, Reductions in Child Maltreatment, Reductions in Juvenile Delinquency, Family Violence, and Crime, Positive Parenting Practices, Family Economic Self-Sufficiency Linkages and Referrals (Avellar, 2013). The most common themes among favorable outcomes were related to child development, school readiness and positive parenting practices. Healthy Families America had the most favorable impacts in both primary and secondary measures (Avellar, 2013). The programs identified as being evidence-based in the study, listed alphabetically are:

- Child FIRST
- Early Head Start-Home Visiting
- Early Intervention Program for Adolescent Mothers (EIP)
- Early Start (New Zealand)
- Family Check-Up
- Healthy Families America (HFA)
- Healthy Steps
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Maternal Early Childhood Sustained Home Visiting Program
- Nurse Family Partnership (NFP)
- Oklahoma's Community-Based Family Resource and Support (CBFRS) Program
- Parents as Teachers (PAT)
- Play and Learning Strategies (PALS) Infant
- SafeCare Augmented.



Recent research has shown that collaborative home visitation programs have better outcomes than non-collaborative home visitation programs. Haynes et al. (2015) found that parents who received collaborative home visitation services were statistically more likely to see progression in relationships with family and friends, education, employment, health and medical care, mental health and substance abuse and other basic needs when compared to parents receiving services through a non-collaborative program.

Recently there has been emphasis in home visitation research on framing childhood adversity and life-course trajectories in the context of psychological stress and associated health outcomes (Garner, 2015). Childhood adversity has been linked to poor health outcomes such as depression, substance abuse, teenage pregnancy, obesity, type II diabetes, and cardiovascular disease (Anda et al., 2006). In this context, researchers have examined the potential link between collaborative home visitation models that include teams of pediatricians, early educators, early intervention and home visitation specialists and the ability of caregivers to increase skills for future learning, behavior, and health (Garner, 2015).

Federal funding continues to support evaluative research on the effectiveness of home visitation programs. The Patient Protection and Affordable Care Act and The Protecting Access to Medicare Act of 2014 provided funding for The Mother and Infant Home Visiting Program Evaluation (MIHOPE); a legislatively mandated, large-scale evaluation of the effectiveness of the home visitation program Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). In 2015, MIHOPE will study four evidence-based national program models all serving families at risk of poor child outcomes: Early Head Start, Home Based Program Option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers (Michalopoulos et al., 2015). The study will include an analysis of the needs assessment, analysis on the effects on the healthcare system, an effectiveness study and subgroup analysis.

In their 2015 report to Congress on the evaluation plan and early findings, MIHOPE stated that they plan to enroll over 4,000 families in 88 different home visitation programs in 12 states (California, Georgia, Illinois, Iowa, Kansas, Michigan, Nevada, New Jersey, Pennsylvania, South Carolina, Washington, and Wisconsin) operating in one of the four national models to review effects on a range of identified outcomes. Each of the 12 states have submitted plans for how they believe federal dollars should be spent based on high priority needs within their state (Michalopoulos et al., 2015).

MIHOPE has compiled information from interviews with developers of the four national models and web-based surveys completed by 77 program managers and 377 home visitors in order to determine strengths and limitations in current program protocols. Some common themes among program strengths were that nearly all local programs required



formal screenings and assessments to identify maternal mental health issues, infant developmental delays, maternal substance abuse, intimate partner violence, and parenting behavior. Most national program developers and survey respondents from local home visitation programs reported their program protocols included helping families' access necessary resources (Michalopoulos et al., 2015).

The MIHOPE early findings report also indicated that all four national models encouraged home visitors to observe parent-child interactions, provide feedback and to use supportive strategies such as goal setting, problem solving, or emotional support. Some common themes among limitations in programs were many local programs did not have a formal protocol in place for when issues were detected through screening tools. Although most local programs across all national models reported that they encouraged home visitors to demonstrate positive parenting practices, not all national models encouraged home visitation programs to demonstrate these skills (Michalopoulos et al., 2015).



Although there has been a significant increase in home visitation research in the past ten years, there is limited original research on home visitation program effectiveness from 2013 to present. However, the large-scale, national-wide Mother and Infant Home Visiting Program Evaluation shows promise in substantially furthering research on home visitation effectiveness. Home visitation programs continue to develop and target varying and complex needs of overburdened families susceptible to adverse childhood experiences.



Program Updates

Training and Professional Development

Throughout the state fiscal year 2015, Healthy Families Arizona staff participated in a variety of professional development opportunities.

- On July 17-18, 2014, DCS Central Administration and HFAz staff from different program levels attended the Twentieth Arizona Child Abuse Prevention Conference presented by Prevent Child Abuse Arizona in Glendale, AZ. The conference included workshops that cover a variety of prevention related topics, special selections for supervisors and administrators, resource/informational booths that included services to support families, and opportunities for networking with other home visiting professionals.
- On September 9-10, 2014, DCS Central Administration staff and several program Supervisors, Family Assessment Workers, and Family Support Specialists participated in the Third Annual Strong Families Arizona Home Visitors Conference in Glendale, AZ. The conference was sponsored by the U.S. Department of Health and Human Services through the MIECHV grant. The conference provided attendees with a variety of home visiting related topics in the areas of prevention and intervention.
- On March 19-21, 2015, DCS Central Administration and five HFAz staff from different regions of the state attended the National Conference on Health and Domestic Violence in Washington, DC. The conference featured three full days of workshops and presentations aimed to advance the health care system's response to domestic violence.
- On May 7-8, 2015, DCS Central Administration staff and four Program Supervisors participated on the Fifth National Summit on Quality in Home Visiting Programs in Washington, DC. The conference offered a forum to learn about the latest developments in the field and address strategies to building high-quality, sustainable early childhood systems.
- On June 10-11, 2015, DCS Central Administration staff and four Program Supervisors attended the 2015 Children's Bureau Formula Grantee Meeting in Washington, DC. The meeting included several grant clusters that provided federal updates and information, expert presentations, and opportunities for peer sharing.



MIECHV Grant

During state fiscal year 2015, DCS Central Administration collaborated with the AZ Department of Health Services for the development and integration of the Social Solutions, ETO Database project. The staff at HFAz and Program level worked through the initial phases of the ETO database development. These initial phases included comprehensive review of existing forms, determination of adjustments to meet program requirements related to contract stipulations, HFAz policy and procedures, and national accreditation.

Quality Assurance and Training Assistance

During the state fiscal year 2015, the Quality Assurance and Training Assistance (QA/TA) team experienced significant staff shortage. Despite the limited staff resources, CA maintained continuation of quality assurance and technical assistance to all sites including completion of annual site visits, technical assistance, oversee of various program administrative components, and initiated preparation for the next HFAz reaccreditation process. The DCS, Central Administration Manager continues efforts to bring the QA/TA team to full staff capacity.

The DCS Central Administration led organization of HFAz reaccreditation preparation including development of timeline, tools, design and structure of in-state pre-accreditation site visits, and coordination of general logistics with Healthy Families America accreditation application process. Program sites were provided with technical support as they prepared their accreditation self-study and gathered the required program implementation documentation.

The DCS Central Administration coordinated all planning and execution logistics to bring the Partners for a Healthy Baby curriculum materials and training to Arizona. On October 28-30, 2014 HFAz staff completed the Partners for a Healthy Baby Curriculum to meet the Healthy Families America accreditation requirement of using evidence-informed curriculum in the work with families. Training was provided to 60 staff from the following sites: Lake Havasu, Coconino, Tuba City, Winslow, Verde Valley, Maricopa, Pima, Cochise, and Yuma. Additionally, 18 of the 60 staff were trained to become their site trainers using a modified version of the Train-the-Trainer model. The Partners for Healthy Baby Curriculum is designed to cultivate and promote nurturing parent-child relationships, healthy child development, parenting skills, and includes activities for preventive health and safety.



Collaboration between First Things First and Arizona Department of Health Services

DCS Central Administration continues being the hub for the coordination and collaborative efforts with First Things Firsts (FTF) and the Arizona Department of Health Services (ADHS). DCS Central Administration focuses on maintaining healthy working relationships with FTF and ADHS to support model fidelity and consistency across program's statewide evaluation, training, quality assurance, technical assistance, program development, administration, and any other program related activity.



Healthy Families Arizona Participant Characteristics

Data were submitted for a total of 4,911 families for evaluation purposes during the current study year from July 1, 2014 through June 30, 2015. A total of 2,047 were funded through the Department of Child Safety; 1,392 through First Things First; and 1,472 through MIECHV. The evaluation of the statewide Healthy Families Arizona system includes only families with children that are 24 months old or younger (n=4,191). The remaining 720 families' children were between 24 and 60 months, so were not included in the evaluation.

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 means, that families need to have been in the program long enough to commit to participating and received some curriculum from the home visitors. Four home visits was decided to be the minimum amount of program exposure for inclusion in the evaluation. This further restricts the dataset to include only those families with full data showing that they have received at least four home visits. A total of 3,445 families are included in this report. Thus, the data for this report focuses on families who were within the first 24 months after the birth of the infant and “actively engaged” (received four or more home visits) in the Healthy Families program regardless of when they entered the program.

Just under a quarter (23.2%) of the families enter the program in the prenatal period (prenatal participants) and about three quarters (76.8%) of the families enter the program after the birth of the child (postnatal participants). For the July 2014 to June 2015 evaluation cohort, there were 798 prenatal and 2,647 postnatal families. Exhibit 2 presents the total numbers of prenatal and postnatal families actively engaged from July 2014 to June 2015.



Exhibit 2. Participants Included in the Evaluation for State Fiscal Year 2015

County	Site	Prenatal	Postnatal	Total
Cochise	Team # 12	15	60	75
Coconino	Team # 18	31	37	68
	Team # 13	29	43	72
	Team # 90	8	17	25
Graham/ Greenlee	Team # 28	31	54	85
	Team # 92	7	11	18
Maricopa	Team # 2	12	59	71
	Team # 3	11	68	79
	Team # 5	24	73	97
	Team # 19	28	91	119
	Team # 23	28	86	114
	Team # 48	15	83	98
	Team # 61	9	56	65
	Team # 62	20	70	90
	Team # 64	30	86	116
	Team # 65	15	85	100
	Team # 68	22	50	72
	Team # 80	26	95	121
	Team # 83	31	99	130
	Team # 84	24	99	123
	Team # 88	13	106	119
	Team # 89	15	84	99
Mohave	Team # 33	47	35	82
	Team # 43	28	42	70
Mohave/La Paz	Team # 17	31	65	96
	Team # 91	5	20	25
Navajo	Team # 32	19	39	58
Pima	Team # 8	14	73	87
	Team # 9	17	87	104
	Team # 10	16	52	68
	Team # 11	10	44	54
	Team # 27	17	84	101
	Team # 81	20	76	96
Pinal	Team # 82	17	59	76
	Team # 85	16	48	64
	Team # 86	9	74	83
Santa Cruz	Team # 6	28	83	111
Yavapai	Team # 21	13	81	94
	Team # 87	17	31	48
Yuma	Team # 15	16	63	79
	Team # 70	14	79	93
Total		798	2,647	3,445



Length of Time in Program and Reasons for Termination

Healthy Families America in their HFA Best Practice Standards recommends that services are offered until the child is a minimum of three years old and up to age five. In State Fiscal Year 2015, a total of 1,342 of the 3,445 families in the evaluation sample closed during the year. Of the 3,445 families served, 1,341 enrolled during fiscal year 2015. For the newly enrolled families, 421 closed (31.4%), for a retention rate of 68.6%.

The length of time in the program for families that closed in fiscal year 2015 is slightly higher than last year, but similar to prior years (Exhibit 3). For all families (N=1,342) who closed in State Fiscal Year 2015:

- The median number of days in the program was 281 days (as compared to 246 in 2014, 263 in 2013, and 290 in 2012);
- The average length of time in the program was 345 days (as compared to 320 in 2014, 346 in 2013, and 352 in 2012); and
- Thirty-seven percent of families were in the program one year or longer (as compared to 33% in 2014, 37% in 2013, and 38% in 2012).

Exhibit 3. Length of Time to Closure in Days for State Fiscal Years 2012 to 2015

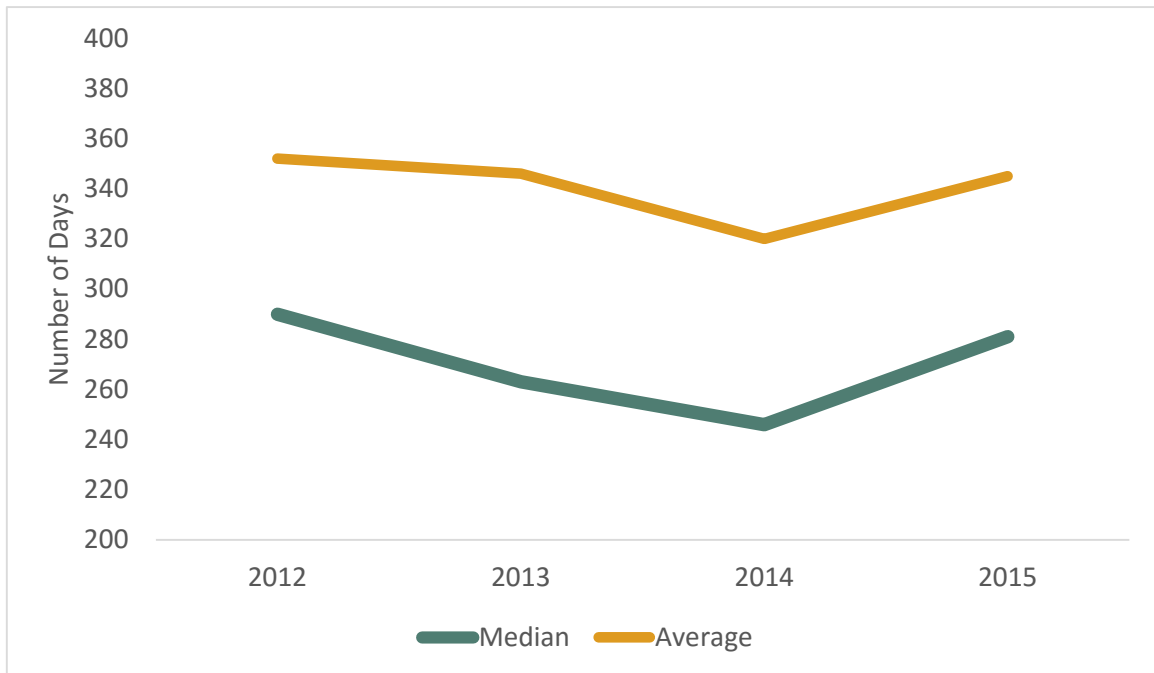


Exhibit 4 shows the distribution of length of time that families stayed in the program for all families who closed in 2015. The largest percentage of families (36%) who closed in 2015 were in the program between 6 and 12 months.

Exhibit 4. Families' Length of Time to Closure for State Fiscal Year 2015

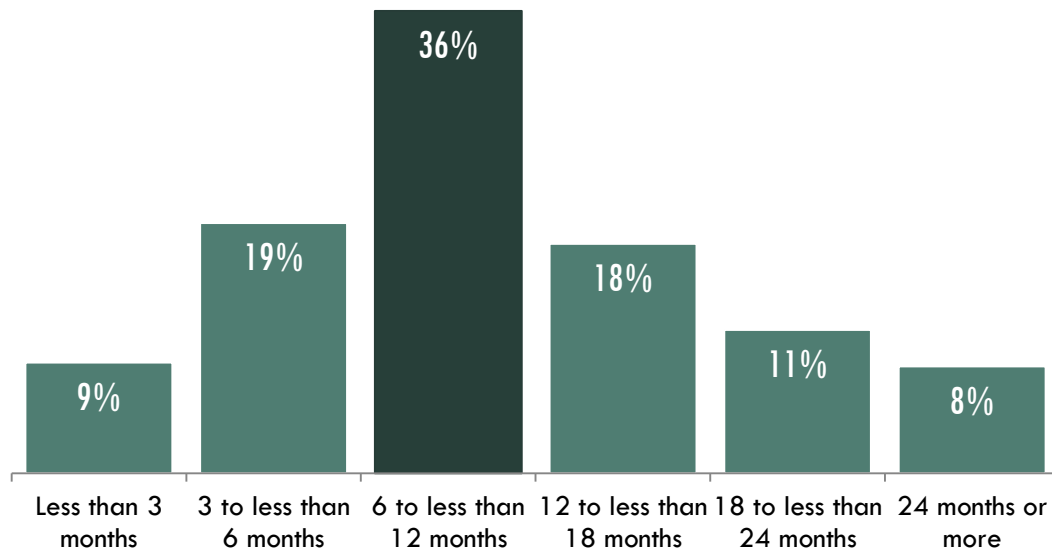


Exhibit 5 shows the most frequent reasons families left the program during this year. The most common reason a family's case was closed was due to the family moving away for prenatal families, and refusing further services for postnatal families. A breakout by site is presented in Appendix A.

Exhibit 5. Most Frequent Reasons for Termination State Fiscal Year 2015

Reason	Prenatal	Postnatal	Overall
Moved away	24.5%	17.8%	19.4%
Did not respond to outreach efforts	17.9%	19.2%	18.9%
Family refused further services	16.0%	19.6%	18.7%
Self-sufficiency	11.9%	15.6%	14.7%



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. The percentage of Healthy Families Arizona mothers who are teenagers is **moderately lower** than last year. In 2015, 18.5% of prenatal mothers and 14.1% of postnatal mothers enrolled are teens compared to 20.9% and 16.4%, respectively, in 2014. The majority of all mothers are single (71.7%) at enrollment, with only 28.3% of mothers married at enrollment. Mothers enrolled in Healthy Families Arizona are twice as likely to have less than a high school education (35.7%) compared to all mothers in the State (19.7%). More than three quarters (77.0%) of Healthy Families Arizona mothers are unemployed and 83.3% are receiving AHCCCS at enrollment. The median income of the enrolled mothers is below the 2015 Federal Poverty Level (\$15,930 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. Exhibit 6 presents selected risk factors for both prenatal and postnatal mothers at intake compared with state rates.

Exhibit 6. Selected Risk Factors for Mothers at Intake State Fiscal Year 2015

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona state Rates
Teen Births (19 years or less)	18.5%	14.1%	8.5%*
Births to Single Parents	71.4%	71.8%	45.1%*
Less Than High School Education	35.5%	35.8%	17.6%*
Not Employed	73.6%	78.1%	45.8%**
No Health Insurance	4.4%	6.1%	3.6%*
Receives AHCCCS	88.0%	81.9%	53.8%*
Late or No Prenatal Care	27.1%	35.6%	18.7%*
Median Yearly Income	\$10,800	\$12,000	\$50,068 **

Percent does not include “unknown.”

Source: Prenatal and Postnatal Families data from the Healthy Families Arizona FY 2015 data

*2013 data from the Arizona Department of Health Services Vital Statistics records.

**U.S. Census Bureau, American Community Survey, 2013

Note: Percentages for the combined total for prenatal and postnatal families can be found in Appendix A.

“My FSS makes me feel like I am doing a good job as a single mom – Mohave County



Infant Characteristics

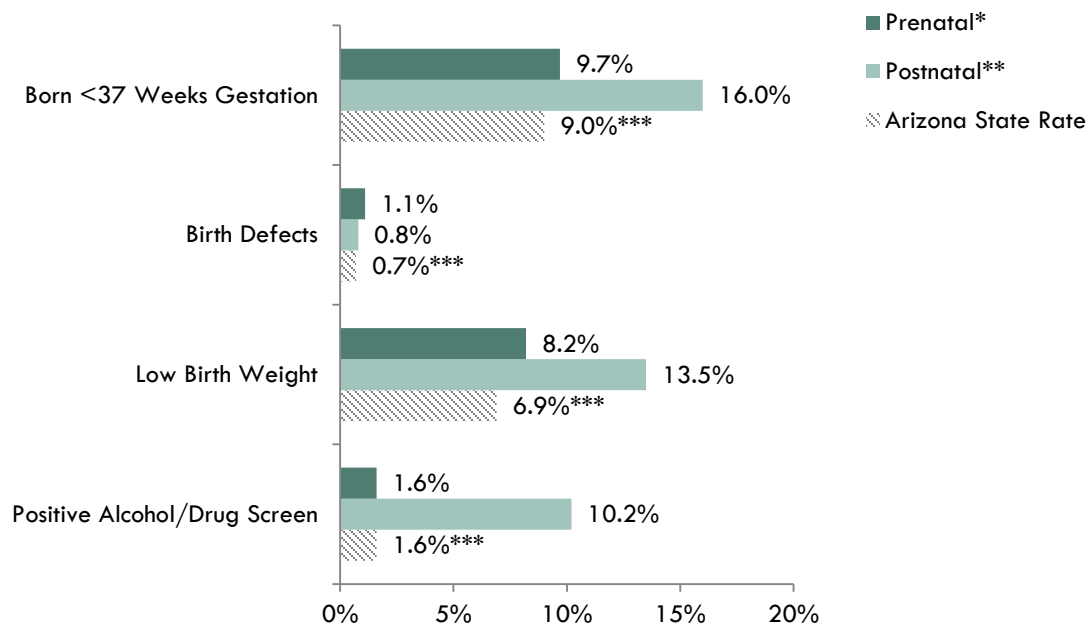
In addition to mother risk factors, information about infant risk factors is collected at intake for postnatal families and at birth for prenatal families. This information gives an indication of the level of need of the families served by the program.

The overall risk factors for infants in 2015 are similar to prior years. The percentage of postnatal 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. The percentage of low birth weight infants in the program and positive alcohol/drug screening postnatal also remains high in comparison to the state rate.



Exhibit 7 below 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 7. Risk Factors for Infants - State Fiscal Year 2015



*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.

*** 2013 data from the Arizona Department of Health Services Vital Statistics records.



Race and Ethnicity

The Healthy Families Arizona program serves a culturally diverse population. In the following exhibits, ethnicity and race are examined for all mothers and fathers based on information gathered at enrollment. Fifty-five percent of the mothers and 55.8% of the fathers enrolled in the program are Hispanic (see Exhibit 8). Exhibits 9 and 10 display mothers' and fathers' race. Site level data for race and ethnicity are available in Appendix A.

Exhibit 8. Parent's Ethnicity State Fiscal Year 2015

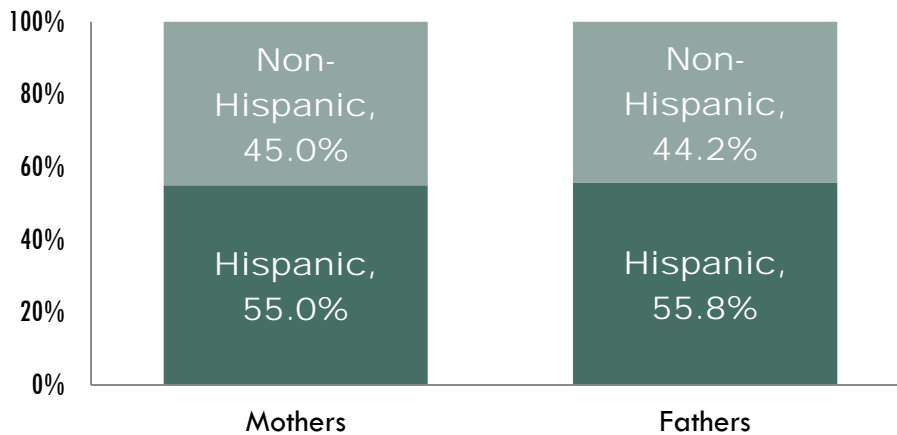
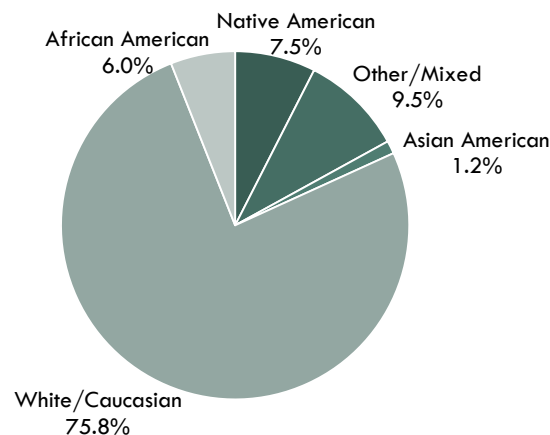


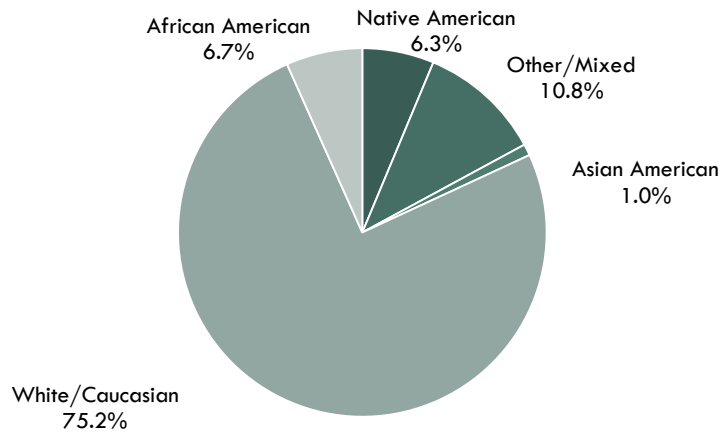
Exhibit 9. Mother's Race* State Fiscal Year 2015



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



Exhibit 10. Father's Race* State Fiscal Year 2015



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

Assessment of Risk Factors

Both mothers and fathers are assessed at intake using an interview with the Parent Survey¹. 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 evaluates each family across the 10 domains of the Parent Survey. The survey is administered in an interview format and the items are then rated by the worker according to level of severity. The percentage of parents scoring *severe* on each of the scales is presented for prenatal mothers and fathers and for postnatal mothers and fathers in Exhibits 11 and 12.

"Being new parents and no other relatives to support us, it is very assuring that there are people who can guide us as parents and help our family become more cohesive." – Pima County

¹ 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 11. Percentage of Parents Rated Severe on Parent Survey Items

PRENATAL

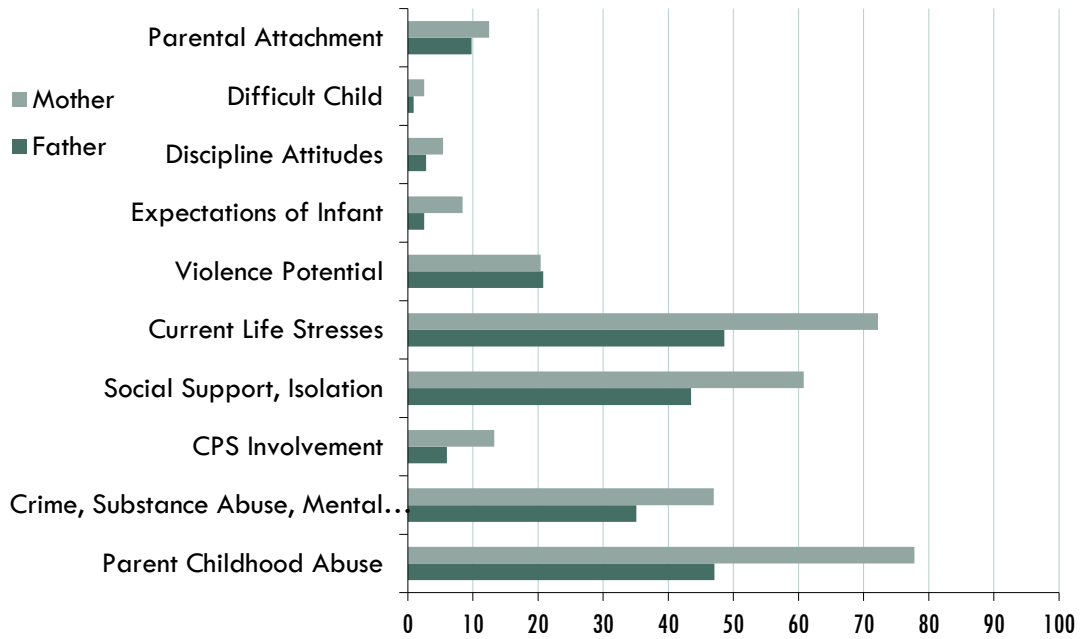
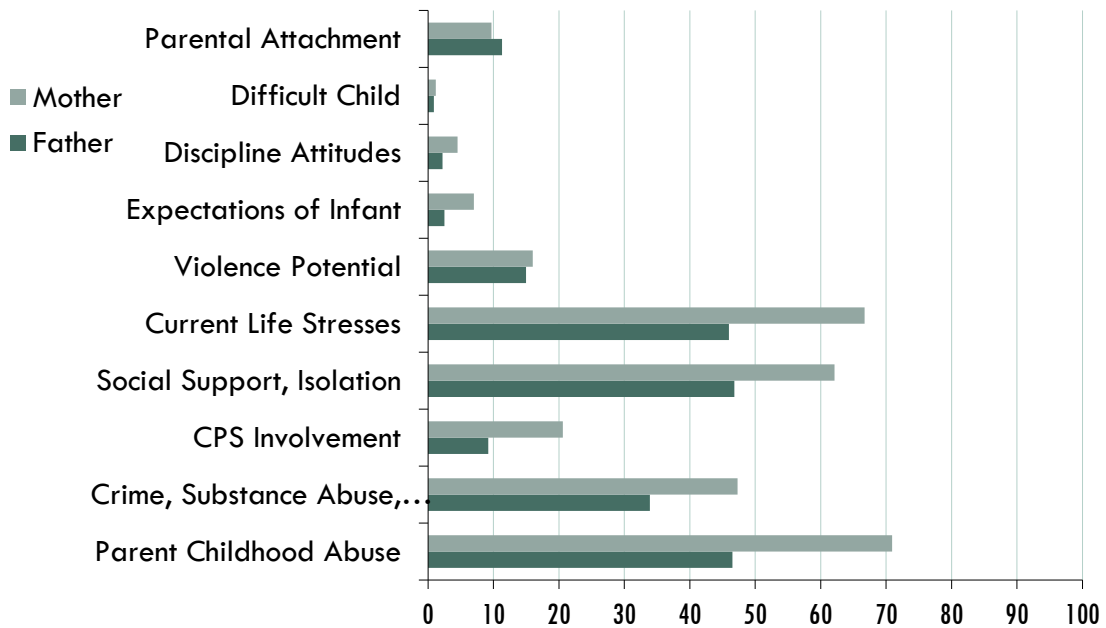


Exhibit 12. Percentage of Parents Rated Severe on Parent Survey Items

POSTNATAL



The four factors rated most severe 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. A higher percentage of prenatal mothers had severe scores on history of childhood abuse (77.8%) and current life stresses (72.2%) than postnatal mothers at 70.9% and 66.7%, respectively.

Summary

The process evaluation for fiscal year 2015 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. Families that enter during the prenatal period have slightly higher risks than families that enter after birth. However, the risk factors of low birth weight babies, preterm birth, and substance exposed newborns are lower for those families participating in Healthy Families Arizona prenatally than for those that enter in the postnatal period. This suggests that these high risk families benefit from the early support that is offered in the home visitation program.

“When this family initially entered the Healthy Families program three years ago, there were a variety of high risk factors that could have negatively impacted the children’s development and the parent child relationship. Mom was sporadically employed and housing was unstable. She and her three sons drifted from house to house depending on the generosity of friends, families and acquaintances. Dad and mom had a history of domestic violence. Both parents had a substance abuse history. Developmental screens on the older children reflected delays in their language and social skills. The FSS advocated for school district early intervention and mom agreed. Both boys were eligible for services and the FSS helped mom enroll them in developmental preschool. In the past few months, mom has been acknowledging her efforts to provide for her children in a variety of ways. She has had stable housing and employment for over a year, the children are thriving in preschool and day care and she has made time in her busy life to read to them every night. She has kept AHCCCS updated and all her children’s immunizations and well checks are current—something that had been lacking three years ago. With this new found confidence, she is exploring the idea of self-sufficiency and independence for herself.” – Maricopa County



Key Healthy Families Arizona Services

The primary goals of reducing child abuse and neglect and improving child well-being are only attainable when families stay engaged in the program 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.

Developmental Screens 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 13 shows, the number of children receiving the ASQ-3 at each interval is exceeding 90% in the time periods up to 12 months. Both 18-month and 24-month ASQ-3 rates fell just short of the statewide performance goals this year. The 18-month ASQ-3 rate decreased to 86.7% from 91.5% in 2014 while the 24-month ASQ-3 rate fell to 84.7% from 84.9% last year. Similar rates of children were identified as delayed as in the prior year for the 4-month to 18-month screenings. However, an increase from 8.3% in 2014 to 11.3% in 2015 in the percentage of children identified as delayed at 24-months should be further examined by program staff.

Exhibit 13. ASQ-3 Screening State Fiscal Year 2015

Interval ASQ-3 Screening	Percent of children Screened with ASQ-3	Percent screened as delayed
4-month	96.4%	2.3%
6-month	94.8%	2.2%
9-month	97.5%	4.5%
12-month	92.7%	4.9%
18-month	86.7%	6.4%
24-month	84.7%	11.3%



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 approximately 2% to 11% of children (depending on their age) are initially screened as delayed in their development, up to 7.0% 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 (see Exhibit 14 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). The following exhibit shows the outcome of these follow-up assessments that are completed with families at the different time intervals.

Exhibit 14. ASQ-3 Follow-up Services State Fiscal Year 2015

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	7.0% (4)	31.6% (18)	3.5% (2)	78.9% (45)	7.0% (4)	15.8% (9)
6-month	2.0% (1)	37.3% (19)	5.9% (3)	76.5% (39)	3.9% (2)	19.6% (10)
9-month	4.1% (3)	31.5% (23)	2.7% (2)	78.1% (57)	1.4% (1)	24.7% (18)
12-month	5.6% (4)	35.2% (25)	2.8% (2)	64.8% (46)	5.6% (4)	22.9% (16)
18-month	1.8% (1)	28.1% (16)	8.8% (5)	64.3% (36)	8.9% (5)	21.4% (12)
24-month	4.1% (2)	38.8% (19)	12.2% (6)	61.2% (30)	4.1% (2)	20.4% (10)

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



Outcomes for Families

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

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

Parent outcomes

One of the primary intermediate goals of the Healthy Families Arizona program is to have a positive influence on parenting attitudes and behaviors. 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 a randomized clinical trial of the Healthy Families Arizona program (LeCroy & Krysik, 2011) supports the finding that the program can produce positive change favoring the experimental group in contrast to the control group 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

In order 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 9 scales: Social Support, Problem-solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/Child Interaction, Home Environment and Parenting Efficacy.

The following section describes the results 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=2442) and participants who also had matched instruments at the 12 month interval (n=1760). Paired t-tests were used for each subscale.

Healthy Families Parent Inventory (HFPI) Subscales

Exhibit 15. Change in Subscales of the HFPI

Sub- scale	Significant improvement from baseline to 6 months	Significance	Effect size	Significant improvement from baseline to 12 months	Significance	Effect size
Social Support	✓	.007	(0.05)	None	.380	(0.02)
Problem-solving	✓	.000	(0.17)	✓	.000	(0.21)
Depression	✓	.000	(0.09)	✓	.000	(0.13)
Personal care	✓	.000	(0.17)	✓	.000	(0.17)
Mobilizing resources	✓	.000	(0.32)	✓	.000	(0.39)
Commitment To Parent Role	✓	.000	(0.12)	✓	.000	(0.15)
Parent/Child Behavior	✓	.000	(0.26)	✓	.000	(0.20)
Home Environment	✓	.000	(0.39)	✓	.000	(0.48)
Parenting Efficacy	✓	.000	(0.18)	✓	.000	(0.15)

From baseline to 6 months, there were statistically significant changes in all subscales. From baseline to 12 months the statistical significance in the Social Support subscale was lost, while all others remained significant. The largest improvements (as shown by the effect



sizes) at 6 months after entering the program are in the categories of home environment (0.39), mobilizing resources (0.32), and parent/child behavior (0.26) scales. At 12 months the largest improvements are in home environment (0.48), mobilizing resources (0.39), problem solving (0.21), and parent/child behavior (0.20). This indicates that the Healthy Families Arizona sites are effective at connecting parents to resources, improving the atmosphere of the home, improving parents' problem solving skills, and improving the interaction between parents and children.

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 16 below 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 65% of parents had positive changes on the total score from baseline to 6 months (65.3%) and from baseline to 12 months (65.6%).

Exhibit 16. 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	(0.31)	✓	.000	(0.32)

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



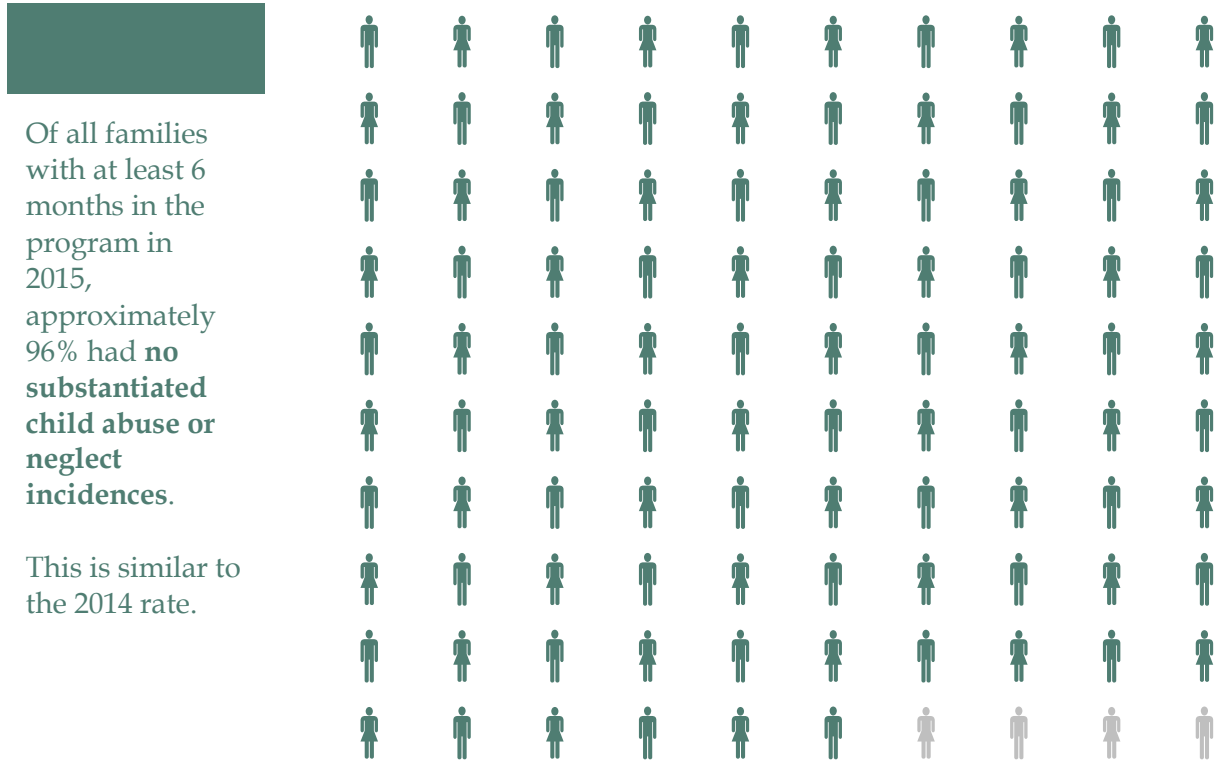
abuse and neglect and using only reported and substantiated incidents of abuse captures incidents that rise to that level of severity. Some incidents of child abuse or neglect are undetected or may not meet some definitional standard minimizing the accuracy of the count. Third, using official data requires 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 shows 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, 95.7% of the Healthy Families Arizona eligible families (2,544 out of 2,658) were without a substantiated report, as can be seen in Exhibit 17. A total of 114 cases were determined to be 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). The increase in substantiated cases this year may be due to the additional efforts to investigate all open cases during the latter part of the state fiscal year.

“The family I visit with has many challenges in their life. Both parent being heavily delayed and having a four year old child with the movement of a three month old. I asked the mom what was her favorite part of the day with her child. She described in such detail how she loved to hold him and how he would wrap his left arm around her neck and use his index finger to slowly trace the side of her neck. How he enjoys falling asleep in her arms. Listening to this mom with so many battles that she faces daily speak with her heart about her child gave me so much life. It made me remember that when we meet families where they are instead of using our own values we’re able to see how amazing they really can be.” – Pima County



Exhibit 17. 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 2015, 618 (17.9%) Healthy Families Arizona families had some level of involvement with DCS. This included the 144 families with substantiated cases, and 226 referred to Healthy Families Arizona from DCS workers. 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 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.

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 is referred to as the 4:3:1:3:3:1 immunization standard. For calendar year 2014, the Arizona immunization rate for 24 month olds was 66.1%, and the U.S. rate was 71.6% (www.cdc.gov).

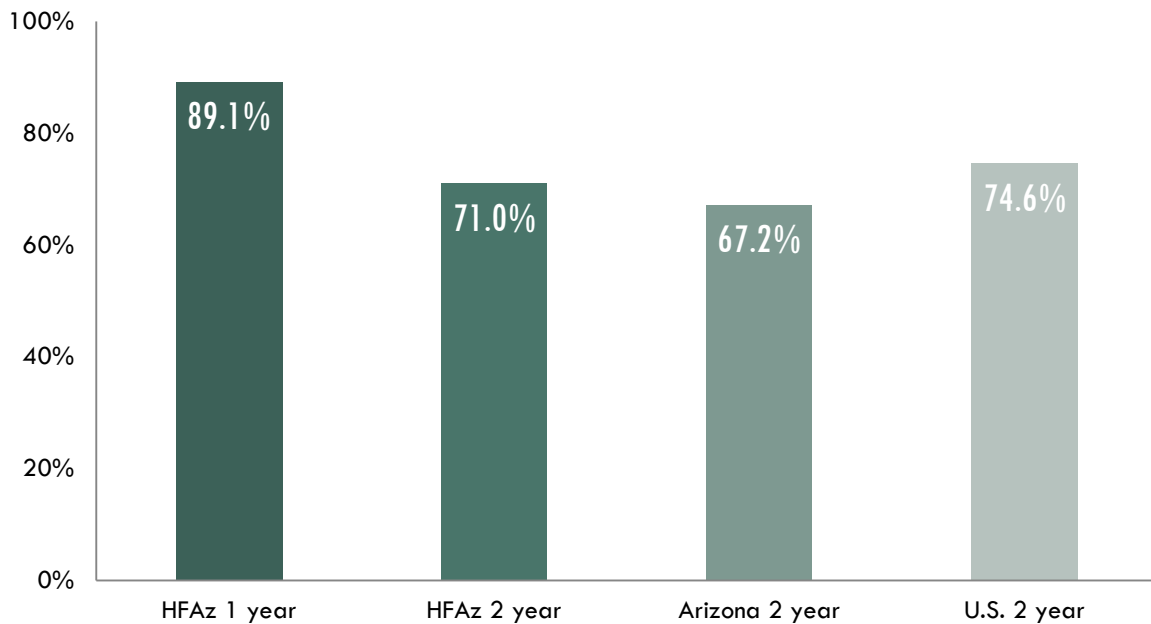
The Healthy Families Arizona program supports children obtaining all their necessary immunizations as a key step in preventing debilitating diseases. The home visitors encourage the families to follow through on completing their child's immunizations and ask to check the family's immunization booklet to record the dates of immunizations and assess completion. However, recently some families do not have booklets and say it is only recorded electronically. 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. 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 had received, and that families either did not have recorded in their vaccine 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 immunization their children have or have not yet received.

Exhibit 18 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. Healthy Families Arizona families are modestly higher than the state immunization rate for 2-year olds and slightly lower than the national immunization rate



for 2-year olds. The national immunization rate decreased substantially from 77.7% in 2013 to 74.6% in 2014. The immunization rates for 1-year olds in Healthy Families Arizona are the same as in 2014 while the rate for 2-year olds slightly decreased from last year. It may be beneficial for Healthy Families Arizona program staff to systematically continue investigating the factors that lead to families not being in compliance with the recommended immunization schedule, particularly for 2-year olds.

Exhibit 18. Immunization Rate of Healthy Families Arizona Children



*Source: 2014 data from the CDC National Immunization Survey.

Safety Practices in the Home

A study released by the Centers for Disease Control and Prevention (MMWR 2012) states that even though injury death 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 percent.

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 19 reports the use of four key safety practices across five time points for postnatal participants.



Families that continue to participate in Healthy Families Arizona see increased safety practices and higher rates of safety. The National Highway Traffic Safety Administration in 2009 estimated the rate of child seat use for children under the age of 1 as 98%. The national rate for children between the ages of 1 to 3 however is estimated to be 96%. The families participating in Healthy Families Arizona maintain their high use of car seats over time (99% or more), indicating that the message of child safety in cars has been well received. The National Fire Protection Association reports that smoke detectors were present in only 72% of all reported home fires and operated in only 51% of home fires. Healthy Families Arizona households with working smoke alarms range from approximately 86% to 92%, improving the safety of the household environment for these families. Home visitors work with families on how to obtain a free smoke detector, and who to contact if their landlord is unable or unwilling to provide a working smoke detector in their home. Families also show relatively high rates of poisons locked, 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 goes from 38.7% to 51.3% which is when most babies begin to scoot and start to crawl. This percent increases to 71.1% 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.

Exhibit 19. Percent of all Families Implementing Safety Practices

	2-Month	6-Month	12-Month	18-Month	24-Month
Outlets Covered	38.7%	51.3%	71.1%	77.4%	77.5%
Poisons Locked	85.5%	92.7%	95.8%	97.9%	98.3%
Smoke Alarms	86.4%	89.7%	91.6%	91.6%	91.9%
Car Seats	99.7%	99.9%	99.8%	99.9%	99.8%

“We do more things as a family now and have learned about safety” – Pima County



Mothers' Health, Education, and Employment

The Healthy Families Arizona program also 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 better 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

Multiple births for some families can lead to increased stress and parenting difficulties, especially if the birth is unwanted or unplanned. 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 20 shows that the percentage of Healthy Families Arizona mothers who reported subsequent pregnancies increased to 7.3% in 2015 from 6.0% in 2014.

Exhibit 20. Percentage of Mothers who Reported Subsequent Pregnancies State Fiscal Years 2012 to 2015

	2012	2013	2014	2015
Percent of mothers with subsequent pregnancies	7.9%	7.6%	6.0%	7.3%

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 21 below shows the length of time to subsequent pregnancy for those mothers who do have subsequent births. The low percentage of mothers that wait at least 2 years between subsequent births may be a reflection of some of the risk factors and barriers mothers face. For example, many of the families Healthy Families Arizona serve 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. However, the percentage of mothers whose subsequent birth occurred 1 to 2 years later increased from 31.1% in 2014 to 43.6% in 2015. It would be beneficial for program staff to continue follow-up with families regarding short birth spacing.



Exhibit 21. Length of Time to Subsequent Pregnancy for Those Families with Subsequent Births for Fiscal Years 2012 to 2015

Length of Time to Subsequent Pregnancy	2012 Percent of Mothers	2013 Percent of Mothers	2014 Percent of Mothers	2015 Percent of Mothers
1 to 12 mos.	59.9%	59.4%	67.7%	55.5%
13 to 24 mos.	37.4%	40.1%	31.1%	43.6%
Over 24 mos.	2.7%	0.5%	1.2%	0.9%

School, Educational Enrollment, and Employment

Continued educational obtainment and increased employment are also important to consider when examining the program’s potential impact on maternal life course outcomes. Increased education is associated with better overall well-being and greater family stability. Exhibit 22 shows that part-time enrollment in education moves without a noticeable trend between the 6-month time point and the 24-month time point while full-time enrollment gradually decreases between the 12-month and 24-month time points. In fiscal year 2015, 12-13% of the mothers are enrolled in school either full- or part-time, which is fairly similar to the 11-14% enrolled in school in fiscal year 2014. Although the US economic recovery has continued to strengthen, the economy in Arizona has been slower to recover, maintaining higher than average unemployment rates and slower wage growth compared to US rates (US Bureau of Labor Statistics). Parents may have additional challenges in accessing or affording childcare, affording school, or having the time available away from work (or seeking employment) to attend school.

Exhibit 22. Percent of Mothers Enrolled in School – State Fiscal Year 2015

	Percent enrolled part-time (2014 prior report)	Percent enrolled full-time (2014 prior report)	Percent enrolled part-time (2015)	Percent enrolled full-time (2015)
6 month	5.8%	7.4%	5.3%	7.3%
12 month	5.4%	8.5%	4.1%	8.7%
18 month	5.7%	7.6%	6.0%	6.5%
24 month	4.6%	6.6%	5.1%	6.6%

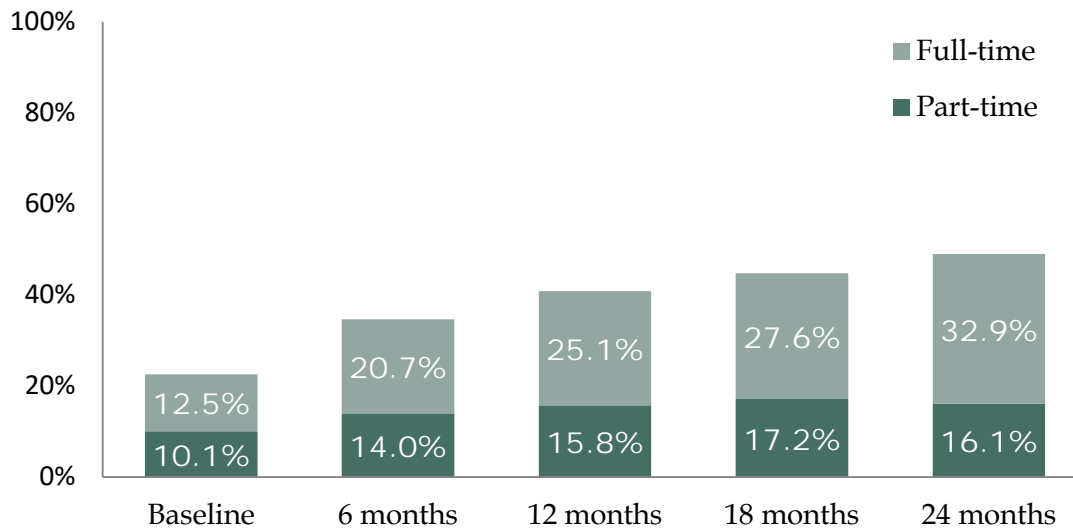
Maternal employment shows an increasing rate over time. Almost 33% of Healthy Families Arizona mothers are successfully employed at 6 months and approximately 49% at 24 months. Moreover, the full-time employment rates for mothers at 12 month, 18 months, and 24 months all increased from 2014 to 2015.

According to Bureau of Labor Statistics data for 2014, 57.1% of mothers with children less than 1 year of age and 62.1% of mothers with children less than 3 years of age participate 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.

Exhibit 23. Mother's Employment Status



Substance Abuse Screening

The relationship between substance abuse and the potential for child maltreatment is strong and well known (Pan, et al., 1994; Windom, 1992; Wolfe, 1998). When parents or caretakers are abusing substances, 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 in making referrals for treatment services.

Healthy Families Arizona uses the CRAFFT 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 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 and indicates that further assessment and or referrals are recommended.

Exhibit 24 presents data on the percent of families screened with the CRAFFT substance abuse screening tool and the percent of those families who screened positive for drug use. Approximately 34% of families screened at intake assessed positive for a history of substance use, putting them at potential risk. The number of families with positive



substance abuse screens drops at 6 months to 7.5% and continues to drop at 12 months (5.6%). Moreover, the 2015 rates at all three time points are lower than those for 2014.

Exhibit 24. Percent Screened and Assessed Positive on the CRAFFT

Time at assessment	Percent Screened	Percent Assessed Positive
2 months (lifetime)	95.3%	40.8%
6 months	94.5%	7.5%
12 months	92.8%	5.6%

Note: The 2 month screen asks lifetime substance use; later screens cover the past 6 months.

“We have learned about resources that are easy and beneficial to our family. The advice and therapy provided by (the program staff) has helped bring us closer together. We love you guys! – Pima County

2015 Participant Satisfaction Survey

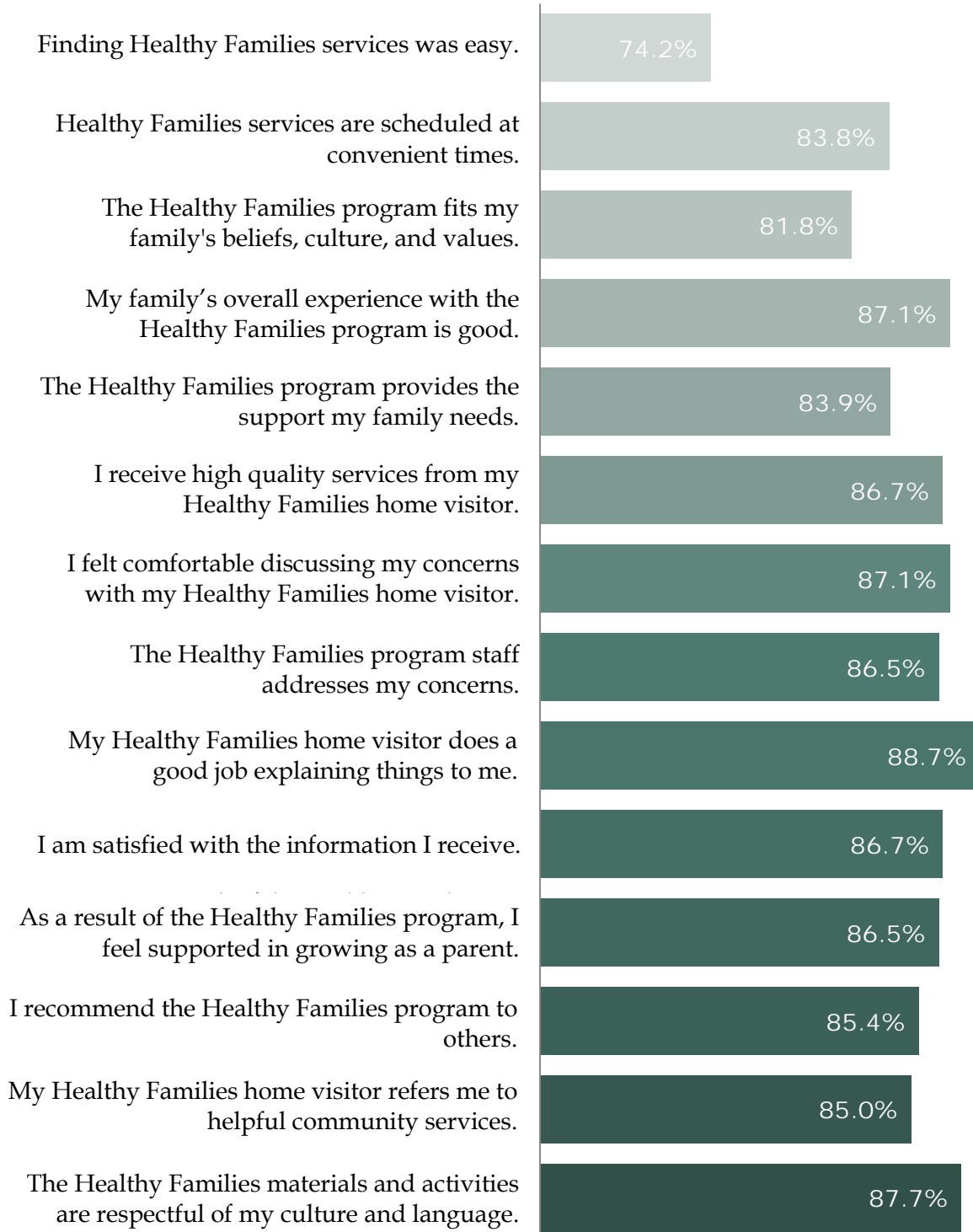
The Healthy Families Arizona participant satisfaction survey provides valuable information for program staff and an opportunity for participants to reflect on their experiences. If participants are satisfied with the program and the work of the home visitor, they are more likely to benefit from the program. The following data summarizes the responses of participants who took the Healthy Families Arizona participant satisfaction survey in Spring 2015.

The survey is distributed to all current participants in the program and returned by mail. A total of 3006 surveys were sent out and 2,062 surveys were returned, for a 68.6% return rate. The ethnic breakdown of these participants was similar to past years and is representative of the populations served by Healthy Families Arizona, with 56% Hispanic, 26% White, 8% American Indian, 4% African American, 4% Two or More Races, 1% Asian, less than 1% Hawaiian/Pacific Islander, and less than 1% Other.

Exhibit 25 below shows key highlights from participant satisfaction survey responses. The exhibit presents the items which received the highest percent of strongly agree responses from participants and the items receiving the lowest percent of strongly agree. Based on the results of the survey it appears that participants feel they have good communication with their home visitors. Fewer Healthy Families Arizona participants (74.2%) agree strongly that finding services was easy compared to the responses for other questions, similar to responses in prior years. For the remaining statements in the satisfaction survey, more than 80% of the respondents strongly agreed. This is similar to the 2014 survey results and indicates a strong satisfaction level with the program.



Exhibit 25. Percent Who Strongly Agreed on Satisfaction Survey Statements 2015



Conclusions and Recommendations

The 2015 state fiscal year has been productive for Healthy Families Arizona. The combined funding from the Department of Child Safety (DCS), First Things First (FTF), and the Department of Health Services (DHS) has increased the number of families receiving services throughout the state. The Healthy Families Arizona evaluation report focuses on the following primary outcome indicators: 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 most of its goals.

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 rigorously evaluate the program at least annually and use evidence for program improvement.

Recommendations for this year 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 retention.** This year's statewide one year retention rate is 68.6%. Research at the Cincinnati Children's Hospital Medical Center in 2009 determined that some of the top reasons for dropping out of a home visitation program included: "home visitor did not help me get the things I needed"; "home visitor and friends/family gave conflicting advice"; and "hard to find time to meet because of work". While, many families mentioned their satisfaction in learning about resources from their home visitor, it may be that some families need greater resource assistance sooner. Healthy Families Arizona puts a large emphasis on mobilizing resources starting from the very beginning of services. 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.
- **Review and update the program logic models to align with the Healthy Families America Best Practice Standards.** The new Best Practice Standards from Healthy Families America went into effect in July 2014, and were updated in April 2015. Healthy Families Arizona has updated their Policies and Procedures Manual and the



data collection forms to meet these new best practice standards. Healthy Families Arizona can use these to review and revise the program logic models to match the new critical elements outlined in the Best Practice Standards. Although many of the critical elements remain unchanged or similar, it would be useful to re-examine if the logic models are depicting the program as currently implemented. These logic models can be distributed and used by all program staff to maintain focus on key aspects of the intervention model. Training for program staff can support the use of the logic model to maintain sharp focus on fidelity to the model.

- **Reinforce the importance of developmental screening with home visitors and families.** This year there was an increase in the percentage of children at 24 months old who screened as delayed. Reinforcing the importance of continued screening with home visitors and families, in addition to exploring barriers to completion of developmental screening, may increase the rate of screening even further, and potentially lead to additional or earlier referrals for developmental delays.



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Appendix A. Team Level Data

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Age of Child at Entry by Team- 2015

Team	Mean (Age in Days)	Number	Standard Deviation
Team 2	40.12	68	23.40
Team 3	41.79	73	26.46
Team 5	50.30	76	88.20
Team 6	15.00	84	14.04
Team 8	27.20	75	26.05
Team 9	22.40	90	18.64
Team 10	26.37	59	25.45
Team 11	22.53	45	19.47
Team 12	16.95	60	18.23
Team 13	16.88	43	22.22
Team 15	19.06	64	17.31
Team 17	16.12	65	14.06
Team 18	37.97	38	41.77
Team 19	46.06	97	36.18
Team 21	24.65	83	22.63
Team 23	47.70	90	26.22
Team 27	19.85	85	20.31
Team 28	20.31	54	19.26
Team 32	9.87	39	15.35
Team 33	28.20	35	15.53
Team 43	22.02	42	25.13
Team 48	43.28	86	89.27
Team 61	31.11	57	21.28
Team 62	35.20	70	25.00
Team 64	40.77	93	25.51
Team 65	46.46	85	76.82
Team 68	37.69	51	27.80
Team 70	19.87	79	23.04
Team 80	34.53	95	23.11
Team 81	19.37	76	16.89
Team 82	11.80	61	20.22
Team 83	37.90	100	24.24
Team 84	45.31	100	24.00
Team 85	12.84	49	18.05
Team 86	23.57	75	15.20
Team 87	20.87	31	16.48
Team 88	33.08	106	24.09
Team 89	39.33	84	26.06
Team 90	30.29	17	39.39
Team 91	12.90	21	20.81
Team 92	16.67	12	9.68
Total	30.47	2,713	35.58

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 – 2015
(For families who left the program)**

Team	Prenatal				Postnatal			
	Median	Mean	St. Dev.	#	Median	Mean	St. Dev.	#
Team 2	255.00	246.40	150.95	5	242.00	338.41	228.01	22
Team 3	356.50	356.50	136.47	2	249.50	274.79	139.10	28
Team 5	289.50	374.75	270.36	8	397.00	420.76	258.68	25
Team 6	424.00	562.25	321.92	8	318.00	470.77	306.53	26
Team 8	120.00	135.67	39.88	3	242.00	324.33	242.20	24
Team 9	746.00	686.71	219.64	7	324.00	391.12	266.07	43
Team 10	392.00	452.71	353.57	7	584.00	511.13	219.61	16
Team 11	206.00	408.00	330.96	5	329.50	344.83	229.20	18
Team 12	287.00	350.00	271.80	9	323.00	396.60	270.26	25
Team 13	231.00	245.44	141.40	9	285.00	293.90	104.34	10
Team 15	232.50	362.00	335.60	4	326.50	359.81	212.40	16
Team 17	303.00	319.21	212.57	14	267.00	344.29	258.60	21
Team 18	303.00	434.82	302.42	11	330.00	389.86	228.59	7
Team 19	276.00	270.15	159.27	13	224.00	242.89	146.52	35
Team 21	178.00	189.20	136.42	5	345.00	408.46	237.61	35
Team 23	326.00	344.67	138.72	9	260.00	378.84	256.63	31
Team 27	278.00	413.89	304.59	9	279.00	349.03	192.13	31
Team 28	346.00	349.75	196.48	12	428.00	425.48	237.38	27
Team 32	492.00	548.40	256.90	5	235.50	313.88	207.91	8
Team 33	352.50	433.03	229.45	34	200.00	342.72	262.24	18
Team 43	302.00	380.31	220.30	16	211.50	347.54	271.64	28
Team 48	813.00	652.00	328.55	3	311.50	315.23	164.13	22
Team 61	601.00	571.25	356.93	4	507.00	413.54	187.29	13
Team 62	251.00	248.15	114.10	13	331.00	352.90	194.33	41
Team 64	169.00	201.00	80.02	5	235.50	357.63	274.87	24
Team 65	294.00	405.17	279.30	6	209.00	300.07	207.81	41
Team 68	197.00	307.44	286.25	9	255.50	307.22	193.51	18
Team 70	233.00	233.00	57.98	2	463.00	420.48	233.40	23
Team 80	378.00	483.44	262.46	9	174.00	287.25	263.36	40
Team 81	384.50	473.90	278.01	10	274.00	323.22	218.54	36
Team 82	184.00	192.20	51.91	5	337.00	412.57	254.40	37
Team 83	209.00	293.67	198.78	12	205.00	292.25	197.76	32
Team 84	294.50	349.00	188.54	14	187.00	253.26	193.41	53
Team 85	267.50	389.88	257.15	8	252.00	294.32	174.60	22
Team 86	172.00	235.43	187.17	7	277.00	315.94	173.42	35
Team 87	330.00	326.40	22.28	5	317.00	309.82	134.46	11
Team 88	175.00	167.00	84.29	3	205.00	257.29	155.81	41
Team 89	278.00	304.71	138.71	7	221.00	275.37	172.31	30
Team 90	148.00	148.00	154.15	2	253.00	294.00	82.53	3
Team 91	109.50	109.50	65.76	2	91.50	223.25	275.97	4
Team 92	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	296.00	364.80	241.05	321	277.00	339.15	225.56	1,021

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



Top Four Reasons for Program Exit by Team - 2015
Percent and Number within Team

Team	Overall (Prenatal and Postnatal Combined)							
	#1 Moved Away		#2 Did Not Respond to Outreach Efforts		#3 Family Refused Further Services		#4 Self Sufficiency	
	%	n	%	n	%	n	%	n
Team 2	25.9	7	18.5	5	14.8	4	25.9	7
Team 3	10.0	3	26.7	8	23.3	7	10.0	3
Team 5	9.1	3	27.3	9	27.3	9	6.1	2
Team 6	32.4	11	0.0	0	17.6	6	2.9	1
Team 8	14.8	4	33.3	9	18.5	5	11.1	3
Team 9	8.0	4	34.0	17	22.0	11	4.0	2
Team 10	8.7	2	8.7	2	17.4	4	34.8	8
Team 11	17.4	4	13.0	3	17.4	4	8.7	2
Team 12	23.5	8	11.8	4	11.8	4	2.9	1
Team 13	52.6	10	5.3	1	26.3	5	5.3	1
Team 15	60.0	12	10.0	2	0.0	0	15.0	3
Team 17	42.9	15	2.9	1	17.1	6	17.1	6
Team 18	44.4	8	16.7	3	16.7	3	5.6	1
Team 19	20.8	10	14.6	7	16.7	8	27.1	13
Team 21	25.0	10	12.5	5	15.0	6	5.0	2
Team 23	27.5	11	15.0	6	20.0	8	12.5	5
Team 27	7.5	3	60.0	24	20.0	8	0.0	0
Team 28	35.9	14	20.5	8	20.5	8	2.6	1
Team 32	38.5	5	7.7	1	7.7	1	23.1	3
Team 33	26.9	14	7.7	4	0.0	0	42.3	22
Team 43	15.9	7	25.0	11	6.8	3	6.8	3
Team 48	16.0	4	12.0	3	28.0	7	28.0	7
Team 61	11.8	2	29.4	5	35.3	6	5.9	1
Team 62	7.4	4	16.7	9	24.1	13	11.1	6
Team 64	21.4	6	17.9	5	25.0	7	25.0	7
Team 65	10.6	5	27.7	13	2.1	1	31.9	15
Team 68	23.1	6	15.4	4	38.5	10	15.4	4
Team 70	40.0	10	0.0	0	16.0	4	8.0	2
Team 80	10.2	5	14.3	7	30.6	15	10.2	5
Team 81	23.9	11	21.7	10	21.7	10	8.7	4
Team 82	9.5	4	28.6	12	7.1	3	0.0	0
Team 83	16.3	7	11.6	5	18.6	8	27.9	12
Team 84	7.5	5	20.9	14	32.8	22	11.9	8
Team 85	10.0	3	36.7	11	10.0	3	6.7	2
Team 86	19.0	8	16.7	7	11.9	5	16.7	7
Team 87	6.3	1	25.0	4	37.5	6	18.8	3
Team 88	11.4	5	25.0	11	20.5	9	31.8	14
Team 89	8.1	3	5.4	2	32.4	12	24.3	9
Team 90	20.0	1	0.0	0	0.0	0	20.0	1
Team 91	66.7	4	16.7	1	0.0	0	16.7	1
Team 92	100	1	0.0	0	0.0	0	0.0	0
Total	19.4	260	18.9	253	18.7	251	14.7	197



Health Insurance at Intake by Team - 2015
Percent and number within Team *

Team	PRENATAL						POSTNATAL					
	None		AHCCCS		Private		None		AHCCCS		Private	
	%	n	%	n	%	n	%	n	%	n	%	n
Team 2	0.0	0	91.7	11	8.3	1	8.6	5	79.3	46	12.1	7
Team 3	9.1	1	81.8	9	9.1	1	7.5	5	79.1	53	13.4	9
Team 5	0.0	0	91.7	22	4.2	1	2.7	2	93.2	68	4.1	3
Team 6	3.6	1	92.9	26	0.0	0	1.2	1	95.2	79	3.6	3
Team 8	0.0	0	100	14	0.0	0	2.8	2	77.5	55	16.9	12
Team 9	5.9	1	76.5	13	17.6	3	3.4	3	82.8	72	13.8	12
Team 10	6.3	1	87.5	14	6.3	1	5.9	3	80.4	41	13.7	7
Team 11	0.0	0	80.0	8	20.0	2	0.0	0	77.3	34	22.7	10
Team 12	0.0	0	85.7	12	14.3	2	1.7	1	81.4	48	16.9	10
Team 13	0.0	0	96.2	25	3.8	1	2.4	1	92.9	39	4.8	2
Team 15	6.3	1	93.8	15	0.0	0	3.2	2	79.4	50	15.9	10
Team 17	6.7	2	90.0	27	3.3	1	6.3	4	79.4	50	14.3	9
Team 18	9.7	3	83.9	26	6.5	2	0.0	0	77.8	28	22.2	8
Team 19	3.6	1	96.4	27	0.0	0	3.3	3	76.9	70	18.7	17
Team 21	15.4	2	69.2	9	15.4	2	3.8	3	83.3	65	12.8	10
Team 23	3.6	1	85.7	24	10.7	3	9.3	8	76.7	66	12.8	11
Team 27	5.9	1	82.4	14	11.8	2	2.4	2	82.1	69	15.5	13
Team 28	3.2	1	74.2	23	22.6	7	3.7	2	64.8	35	31.5	17
Team 32	5.3	1	78.9	15	5.3	1	2.6	1	87.2	34	7.7	3
Team 33	0.0	0	87.0	40	13.0	6	0.0	0	82.4	28	17.6	6
Team 43	11.1	3	81.5	22	7.4	2	7.1	3	90.5	38	2.4	1
Team 48	0.0	0	100	15	0.0	0	18.1	15	63.9	53	18.1	15
Team 61	11.1	1	88.9	8	0.0	0	5.5	3	89.1	49	5.5	3
Team 62	5.0	1	85.0	17	10.0	2	10.3	7	80.9	55	7.4	5
Team 64	10.0	3	83.3	25	6.7	2	7.0	6	87.2	75	5.8	5
Team 65	0.0	0	93.3	14	6.7	1	10.8	9	78.3	65	10.8	9
Team 68	9.1	2	81.8	18	9.1	2	12.0	6	80.0	40	8.0	4
Team 70	7.1	1	92.9	13	0.0	0	3.8	3	81.0	64	13.9	11
Team 80	3.8	1	96.2	25	0.0	0	6.3	6	86.3	82	7.4	7
Team 81	0.0	0	100	20	0.0	0	1.3	1	84.2	64	14.5	11
Team 82	5.9	1	94.1	16	0.0	0	5.2	3	87.9	51	6.9	4
Team 83	6.5	2	90.3	28	3.2	1	4.0	4	89.9	89	6.1	6
Team 84	0.0	0	87.5	21	12.5	3	13.1	13	81.8	81	5.1	5
Team 85	12.5	2	81.3	13	6.3	1	8.5	4	76.6	36	14.9	7
Team 86	0.0	0	100	9	0.0	0	8.1	6	75.7	56	16.2	12
Team 87	0.0	0	94.1	16	5.9	1	6.5	2	93.5	29	0.0	0
Team 88	7.7	1	92.3	12	0.0	0	10.4	11	80.2	85	9.4	10
Team 89	0.0	0	93.3	14	0.0	0	9.5	8	79.8	67	10.7	9
Team 90	0.0	0	75.0	6	0.0	0	0.0	0	94.1	16	5.9	1
Team 91	0.0	0	80.0	4	20.0	1	10.0	2	80.0	16	10.0	2
Team 92	0.0	0	85.7	6	14.3	1	0.0	0	90.9	10	9.1	1
Total	4.4	35	88.0	696	6.7	53	6.1	160	81.9	2,151	11.7	307

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 - 2015 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	50.0% (6)	50.0% (6)	0.0% (0)	39.0% (23)	61.0% (36)	0.0% (0)
Team 3	9.1% (1)	90.9% (10)	0.0% (0)	44.8% (30)	55.2% (37)	0.0% (0)
Team 5	33.3% (8)	66.7% (16)	0.0% (0)	42.5% (31)	57.5% (42)	0.0% (0)
Team 6	25.0% (7)	75.0% (21)	0.0% (0)	43.4% (36)	53.0% (44)	3.6% (3)
Team 8	21.4% (3)	78.6% (11)	0.0% (0)	29.2% (21)	70.8% (51)	0.0% (0)
Team 9	29.4% (5)	70.6% (12)	0.0% (0)	23.0% (20)	77.0% (67)	0.0% (0)
Team 10	50.0% (8)	50.0% (8)	0.0% (0)	25.0% (13)	75.0% (39)	0.0% (0)
Team 11	20.0% (2)	80.0% (8)	0.0% (0)	27.3% (12)	72.7% (32)	0.0% (0)
Team 12	20.0% (3)	80.0% (12)	0.0% (0)	36.7% (22)	61.7% (37)	1.7% (1)
Team 13	27.6% (8)	69.0% (20)	3.4% (1)	21.4% (9)	76.2% (32)	2.4% (1)
Team 15	31.3% (5)	68.8% (11)	0.0% (0)	38.1% (24)	61.9% (39)	0.0% (0)
Team 17	19.4% (6)	77.4% (24)	3.2% (1)	13.8% (9)	81.5% (53)	4.6% (3)
Team 18	25.8% (8)	74.2% (23)	0.0% (0)	13.5% (5)	86.5% (32)	0.0% (0)
Team 19	35.7% (10)	64.3% (18)	0.0% (0)	40.0% (36)	58.9% (53)	1.1% (1)
Team 21	41.7% (5)	58.3% (7)	0.0% (0)	45.0% (36)	45.0% (36)	10.0% (8)
Team 23	25.0% (7)	75.0% (21)	0.0% (0)	46.5% (40)	53.5% (46)	0.0% (0)
Team 27	29.4% (5)	70.6% (12)	0.0% (0)	23.8% (20)	76.2% (64)	0.0% (0)
Team 28	13.3% (4)	86.7% (26)	0.0% (0)	20.8% (11)	77.4% (41)	1.9% (1)
Team 32	31.6% (6)	68.4% (13)	0.0% (0)	28.2% (11)	69.2% (27)	2.6% (1)
Team 33	12.8% (6)	85.1% (40)	2.1% (1)	37.1% (13)	62.9% (22)	0.0% (0)
Team 43	53.6% (15)	46.4% (13)	0.0% (0)	46.3% (19)	53.7% (22)	0.0% (0)
Team 48	33.3% (5)	66.7% (10)	0.0% (0)	33.7% (28)	66.3% (55)	0.0% (0)
Team 61	11.1% (1)	88.9% (8)	0.0% (0)	48.2% (27)	51.8% (29)	0.0% (0)
Team 62	55.0% (11)	45.0% (9)	0.0% (0)	62.9% (44)	37.1% (26)	0.0% (0)
Team 64	30.0% (9)	70.0% (21)	0.0% (0)	32.6% (28)	67.4% (58)	0.0% (0)
Team 65	46.7% (7)	53.3% (8)	0.0% (0)	42.4% (36)	57.6% (49)	0.0% (0)
Team 68	36.4% (8)	59.1% (13)	4.5% (1)	34.7% (17)	65.3% (32)	0.0% (0)
Team 70	28.6% (4)	71.4% (10)	0.0% (0)	30.4% (24)	69.6% (55)	0.0% (0)
Team 80	11.5% (3)	88.5% (23)	0.0% (0)	40.0% (38)	60.0% (57)	0.0% (0)
Team 81	30.0% (6)	70.0% (14)	0.0% (0)	32.9% (25)	65.8% (50)	1.3% (1)
Team 82	29.4% (5)	70.6% (12)	0.0% (0)	31.0% (18)	69.0% (40)	0.0% (0)
Team 83	22.6% (7)	77.4% (24)	0.0% (0)	39.4% (39)	60.6% (60)	0.0% (0)
Team 84	25.0% (6)	70.8% (17)	4.2% (1)	39.4% (39)	60.6% (60)	0.0% (0)
Team 85	31.3% (5)	68.8% (11)	0.0% (0)	39.6% (19)	60.4% (29)	0.0% (0)
Team 86	0.0% (0)	100% (9)	0.0% (0)	29.7% (22)	68.9% (51)	1.4% (1)
Team 87	5.9% (1)	82.4% (14)	11.8% (2)	35.5% (11)	51.6% (16)	12.9% (4)
Team 88	15.4% (2)	84.6% (11)	0.0% (0)	41.5% (44)	58.5% (62)	0.0% (0)
Team 89	33.3% (5)	66.7% (10)	0.0% (0)	37.3% (31)	62.7% (52)	0.0% (0)
Team 90	25.0% (2)	75.0% (6)	0.0% (0)	0.0% (0)	100% (17)	0.0% (0)
Team 91	0.0% (0)	100% (5)	0.0% (0)	20.0% (4)	80.0% (6)	0.0% (0)
Team 92	14.3% (1)	85.7% (6)	0.0% (0)	40.0% (4)	60.0% (6)	0.0% (0)
Total	27.1% (216)	72.0% (573)	0.9% (7)	35.6% (939)	63.4% (1,672)	0.9% (25)



Race of Mother by Site PRENATAL - 2015

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/Other	
	%	n	%	n	%	n	%	N	%	n
	Team 2	100	12	0.0	0	0.0	0	0.0	0	0.0
Team 3	81.8	9	18.2	2	0.0	0	0.0	0	0.0	0
Team 5	87.5	21	8.3	2	0.0	0	0.0	0	4.2	1
Team 6	100	28	0.0	0	0.0	0	0.0	0	0.0	0
Team 8	85.7	12	0.0	0	0.0	0	7.1	1	7.1	1
Team 9	81.3	13	6.3	1	0.0	0	6.3	1	6.3	1
Team 10	68.8	11	12.5	2	0.0	0	6.3	1	12.5	2
Team 11	60.0	6	20.0	2	20.0	2	0.0	0	0.0	0
Team 12	86.7	13	0.0	0	0.0	0	0.0	0	13.3	2
Team 13	3.4	1	0.0	0	0.0	0	93.1	27	3.4	1
Team 15	56.3	9	6.3	1	0.0	0	0.0	0	37.5	6
Team 17	77.4	24	3.2	1	3.2	1	9.7	3	6.5	2
Team 18	41.9	13	0.0	0	0.0	0	51.6	16	6.5	2
Team 19	60.7	17	14.3	4	0.0	0	7.1	2	17.9	5
Team 21	69.2	9	0.0	0	0.0	0	0.0	0	30.8	4
Team 23	70.4	19	14.8	4	0.0	0	3.7	1	11.1	3
Team 27	82.4	14	5.9	1	0.0	0	11.8	2	0.0	0
Team 28	90.3	28	0.0	0	0.0	0	6.5	2	3.2	1
Team 32	15.8	3	0.0	0	0.0	0	78.9	15	5.3	1
Team 33	84.4	38	0.0	0	0.0	0	2.2	1	13.3	6
Team 43	75.0	21	3.6	1	3.6	1	0.0	0	17.9	5
Team 48	100	15	0.0	0	0.0	0	0.0	0	0.0	0
Team 61	77.8	7	0.0	0	0.0	0	11.1	1	11.1	1
Team 62	85.0	17	5.0	1	0.0	0	0.0	0	10.0	2
Team 64	86.7	26	0.0	0	0.0	0	3.3	1	10.0	3
Team 65	60.0	9	26.7	4	0.0	0	6.7	1	6.7	1
Team 68	77.3	17	9.1	2	0.0	0	4.5	1	9.1	2
Team 70	61.5	8	15.4	2	0.0	0	0.0	0	23.1	3
Team 80	84.6	22	3.8	1	3.8	1	3.8	1	3.8	1
Team 81	85.0	17	10.0	2	0.0	0	5.0	1	0.0	0
Team 82	75.0	12	6.3	1	0.0	0	6.3	1	12.5	2
Team 83	77.4	24	19.4	6	0.0	0	0.0	0	3.2	1
Team 84	60.9	14	34.8	8	0.0	0	0.0	0	4.3	1
Team 85	81.3	13	0.0	0	0.0	0	6.3	1	12.5	2
Team 86	87.5	7	12.5	1	0.0	0	0.0	0	0.0	0
Team 87	100	17	0.0	0	0.0	0	0.0	0	0.0	0
Team 88	76.9	10	23.1	3	0.0	0	0.0	0	0.0	0
Team 89	66.7	10	13.3	2	0.0	0	13.3	2	6.7	1
Team 90	12.5	1	0.0	0	0.0	0	50.0	4	37.5	3
Team 91	80.0	4	0.0	0	0.0	0	20.0	1	0.0	0
Team 92	100	7	0.0	0	0.0	0	0.0	0	0.0	0
Total	73.2	578	6.8	54	0.6	5	11.0	87	8.4	66



Race of Mother by Site POSTNATAL - 2015

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	88.1	52	10.2	6	0.0	0	1.7	1	0.0	0
Team 3	88.1	59	7.5	5	0.0	0	0.0	0	4.5	3
Team 5	91.7	66	2.8	2	0.0	0	4.2	3	1.4	1
Team 6	97.6	81	0.0	0	0.0	0	1.2	1	1.2	1
Team 8	83.6	61	4.1	3	4.1	3	1.4	1	6.8	5
Team 9	69.0	58	8.3	7	2.4	2	4.8	4	15.5	13
Team 10	82.7	43	1.9	1	3.8	2	1.9	1	9.6	5
Team 11	86.0	37	2.3	1	7.0	3	2.3	1	2.3	1
Team 12	65.5	38	1.7	1	1.7	1	1.7	1	29.3	17
Team 13	0.0	0	0.0	0	0.0	0	95.3	41	4.7	2
Team 15	28.6	18	0.0	0	0.0	0	1.6	1	69.8	44
Team 17	84.6	55	1.5	1	0.0	0	6.2	4	7.7	5
Team 18	45.9	17	0.0	0	2.7	1	32.4	12	18.9	7
Team 19	78.9	71	8.9	8	2.2	2	3.3	3	6.7	6
Team 21	79.0	64	3.7	3	0.0	0	3.7	3	13.6	11
Team 23	88.2	75	2.4	2	1.2	1	4.7	4	3.5	3
Team 27	79.3	65	8.5	7	1.2	1	4.9	4	6.1	5
Team 28	96.2	51	1.9	1	1.9	1	0.0	0	0.0	0
Team 32	10.3	4	0.0	0	2.6	1	76.9	30	10.3	4
Team 33	75.8	25	3.0	1	0.0	0	6.1	2	15.2	5
Team 43	74.4	29	0.0	0	2.6	1	2.6	1	20.5	8
Team 48	82.9	68	9.8	8	3.7	3	0.0	0	3.7	3
Team 61	76.4	42	14.5	8	0.0	0	0.0	0	9.1	5
Team 62	88.6	62	7.1	5	0.0	0	2.9	2	1.4	1
Team 64	90.4	75	6.0	5	1.2	1	1.2	1	1.2	1
Team 65	79.5	66	7.2	6	3.6	3	2.4	2	7.2	6
Team 68	88.0	44	6.0	3	0.0	0	2.0	1	4.0	2
Team 70	46.2	36	0.0	0	0.0	0	0.0	0	53.8	42
Team 80	81.9	77	9.6	9	0.0	0	2.1	2	6.4	6
Team 81	75.7	56	5.4	4	6.8	5	5.4	4	6.8	5
Team 82	74.1	43	3.4	2	1.7	1	5.2	3	15.5	9
Team 83	88.9	88	8.1	8	0.0	0	2.0	2	1.0	1
Team 84	77.6	76	15.3	15	0.0	0	5.1	5	2.0	2
Team 85	58.3	28	12.5	6	0.0	0	8.3	4	20.8	10
Team 86	83.1	54	3.1	2	3.1	2	1.5	1	9.2	6
Team 87	89.3	25	3.6	1	0.0	0	7.1	2	0.0	0
Team 88	79.2	84	12.3	13	0.9	1	2.8	3	4.7	5
Team 89	89.3	75	8.3	7	0.0	0	2.4	2	0.0	0
Team 90	17.6	3	0.0	0	0.0	0	58.8	10	23.5	4
Team 91	65.0	13	0.0	0	5.0	1	25.0	5	5.0	1
Team 92	90.9	10	0.0	0	0.0	0	9.1	1	0.0	0
Total	76.6	1,994	5.8	151	1.4	36	6.5	168	9.8	255



Hispanic Ethnicity of Mother by Team- 2015

Team	Percent Hispanic Prenatal	Percent Hispanic Postnatal	Percent Hispanic Total
Team 2	41.7	64.4	60.6
Team 3	45.5	57.4	55.7
Team 5	45.8	57.5	54.6
Team 6	100	96.4	97.3
Team 8	71.4	75.3	74.7
Team 9	47.1	52.9	51.9
Team 10	62.5	69.2	67.6
Team 11	30.0	43.2	40.7
Team 12	33.3	41.7	40.0
Team 13	3.4	7.0	5.6
Team 15	81.3	88.9	87.3
Team 17	32.3	27.7	29.2
Team 18	35.5	29.7	32.4
Team 19	35.7	29.7	31.1
Team 21	46.2	14.8	19.1
Team 23	57.1	58.1	57.9
Team 27	76.5	53.6	57.4
Team 28	38.7	55.6	49.4
Team 32	15.8	15.4	15.5
Team 33	17.0	11.4	14.6
Team 43	25.0	33.3	30.0
Team 48	80.0	75.9	76.5
Team 61	77.8	71.4	72.3
Team 62	70.0	70.0	70.0
Team 64	53.3	53.5	53.4
Team 65	40.0	60.0	57.0
Team 68	50.0	60.0	56.9
Team 70	71.4	82.3	80.6
Team 80	73.1	58.9	62.0
Team 81	70.0	52.6	56.3
Team 82	70.6	79.7	77.6
Team 83	67.7	81.8	78.5
Team 84	45.8	52.5	51.2
Team 85	87.5	58.3	65.6
Team 86	33.3	28.4	28.9
Team 87	52.9	58.1	56.3
Team 88	69.2	66.0	66.4
Team 89	53.3	44.0	45.5
Team 90	37.5	23.5	28.0
Team 91	20.0	25.0	24.0
Team 92	28.6	81.8	61.1
Total	49.7	55.5	54.1



Gestational Age by Team - 2015
(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	77.8	7	22.2	2	67.6	46	32.4	22
Team 3	87.5	7	12.5	1	77.8	56	22.2	16
Team 5	91.3	21	8.7	2	73.3	55	26.7	20
Team 6	95.8	23	4.2	1	92.9	78	7.1	6
Team 8	78.6	11	21.4	3	76.0	57	24.0	18
Team 9	92.9	13	7.1	1	92.2	83	7.8	7
Team 10	100	9	0.0	0	78.0	46	22.0	13
Team 11	80.0	8	20.0	2	88.6	39	11.4	5
Team 12	100	8	0.0	0	85.0	51	15.0	9
Team 13	100	7	0.0	0	90.7	39	9.3	4
Team 15	100	11	0.0	0	92.2	59	7.8	5
Team 17	100	23	0.0	0	89.1	57	10.9	7
Team 18	100	31	0.0	0	89.2	33	10.8	4
Team 19	83.3	20	16.7	4	74.2	72	25.8	25
Team 21	88.9	8	11.1	1	84.0	68	16.0	13
Team 23	69.2	18	30.8	8	74.4	67	25.6	23
Team 27	88.2	15	11.8	2	88.2	75	11.8	10
Team 28	91.7	22	8.3	2	94.4	51	5.6	3
Team 32	100	17	0.0	0	91.7	33	8.3	3
Team 33	86.5	32	13.5	5	85.3	29	14.7	5
Team 43	92.0	23	8.0	2	90.2	37	9.8	4
Team 48	92.3	12	7.7	1	81.4	70	18.6	16
Team 61	77.8	7	22.2	2	87.7	50	12.3	7
Team 62	93.3	14	6.7	1	75.4	52	24.6	17
Team 64	88.0	22	12.0	3	73.1	68	26.9	25
Team 65	81.8	9	18.2	2	84.5	71	15.5	13
Team 68	95.0	19	5.0	1	78.0	39	22.0	11
Team 70	100	10	0.0	0	89.7	70	10.3	8
Team 80	100	19	0.0	0	84.2	80	15.8	15
Team 81	66.7	12	33.3	6	90.8	69	9.2	7
Team 82	80.0	4	20.0	1	86.9	53	13.1	8
Team 83	87.0	20	13.0	3	88.9	88	11.1	11
Team 84	95.0	19	5.0	1	81.8	81	18.2	18
Team 85	92.9	13	7.1	1	81.3	39	18.8	9
Team 86	100	7	0.0	0	86.7	65	13.3	10
Team 87	100	14	0.0	0	100	25	0.0	0
Team 88	100	8	0.0	0	85.7	90	14.3	15
Team 89	84.6	11	15.4	2	83.3	70	16.7	14
Team 90	100	6	0.0	0	94.1	16	5.9	1
Team 91	75.0	3	25.0	1	100	20	0.0	0
Team 92	100	6	0.0	0	83.3	10	16.7	2
Total	90.3	569	9.7	61	84.0	2,257	16.0	429



Low Birth Weight by Team - 2015 (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	80.0	8	20.0	2	72.1	49	27.9	19
Team 3	100	8	0.0	0	79.2	57	20.8	15
Team 5	89.5	17	10.5	2	79.5	58	20.5	15
Team 6	100	16	0.0	0	96.2	76	3.8	3
Team 8	85.7	12	14.3	2	78.1	57	21.9	16
Team 9	88.9	8	11.1	1	94.2	81	5.8	5
Team 10	100	11	0.0	0	79.3	46	20.7	12
Team 11	75.0	6	25.0	2	88.9	40	11.1	5
Team 12	100	5	0.0	0	91.4	53	8.6	5
Team 13	93.3	14	6.7	1	92.9	39	7.1	3
Team 15	100	11	0.0	0	92.7	51	7.3	4
Team 17	100	20	0.0	0	93.8	61	6.2	4
Team 18	92.9	26	7.1	2	85.7	30	14.3	5
Team 19	95.5	21	4.5	1	72.5	66	27.5	25
Team 21	87.5	7	12.5	1	88.8	71	11.3	9
Team 23	69.6	16	30.4	7	76.5	65	23.5	20
Team 27	88.9	8	11.1	1	87.8	72	12.2	10
Team 28	95.5	21	4.5	1	92.5	49	7.5	4
Team 32	100	17	0.0	0	92.3	36	7.7	3
Team 33	84.8	28	15.2	5	97.1	33	2.9	1
Team 43	88.9	24	11.1	3	90.2	37	9.8	4
Team 48	100	12	0.0	0	82.3	65	17.7	14
Team 61	100	7	0.0	0	92.6	50	7.4	4
Team 62	100	13	0.0	0	84.1	58	15.9	11
Team 64	95.8	23	4.2	1	76.1	67	23.9	21
Team 65	88.9	8	11.1	1	90.5	76	9.5	8
Team 68	94.4	17	5.6	1	81.6	40	18.4	9
Team 70	100	12	0.0	0	91.8	67	8.2	6
Team 80	95.0	19	5.0	1	88.2	82	11.8	11
Team 81	76.9	10	23.1	3	91.5	65	8.5	6
Team 82	85.7	6	14.3	1	88.1	52	11.9	7
Team 83	76.9	10	23.1	3	90.2	83	9.8	9
Team 84	81.3	13	18.8	3	84.4	76	15.6	14
Team 85	100	10	0.0	0	80.9	38	19.1	9
Team 86	100	6	0.0	0	91.7	66	8.3	6
Team 87	100	10	0.0	0	93.5	29	6.5	2
Team 88	100	7	0.0	0	87.5	91	12.5	13
Team 89	100	11	0.0	0	87.7	71	12.3	10
Team 90	83.3	5	16.7	1	93.8	15	6.3	1
Team 91	100	4	0.0	0	90.5	19	9.5	2
Team 92	100	6	0.0	0	100	10	0.0	0
Total	91.8	513	8.2	46	86.5	2,247	13.5	350



Yearly Income by Team - 2015

Team	PRENATAL		POSTNATAL	
	Median Yearly Income	Number	Median Yearly Income	Number
Team 2	13,200	12	12,000	59
Team 3	7,632	11	10,800	68
Team 5	9,600	24	12,000	73
Team 6	9,660	28	7,500	83
Team 8	6,126	14	13,032	73
Team 9	14,000	17	10,740	87
Team 10	13,200	16	11,610	52
Team 11	11,300	10	11,200	44
Team 12	10,500	15	12,000	60
Team 13	9,600	29	10,000	43
Team 15	3,080	16	13,200	63
Team 17	13,200	31	17,280	65
Team 18	9,600	31	12,000	37
Team 19	9,660	28	8,472	91
Team 21	0	13	0	81
Team 23	12,600	28	12,000	86
Team 27	10,800	17	11,928	84
Team 28	10,800	31	20,696	54
Team 32	4,800	19	7,142	39
Team 33	15,900	46	12,000	35
Team 43	10,450	28	12,000	42
Team 48	21,600	15	14,400	83
Team 61	14,400	9	12,000	56
Team 62	10,800	20	12,000	70
Team 64	9,900	30	10,500	86
Team 65	7,680	15	12,468	85
Team 68	3,216	22	10,728	50
Team 70	10,782	14	12,480	79
Team 80	11,718	26	10,968	95
Team 81	9,600	20	10,800	76
Team 82	7,200	17	8,520	59
Team 83	9,840	31	14,400	99
Team 84	12,540	24	12,000	99
Team 85	17,898	16	9,060	48
Team 86	8,640	9	16,200	74
Team 87	14,400	17	14,400	31
Team 88	12,000	13	10,860	106
Team 89	14,400	15	12,060	84
Team 90	1,800	8	8,376	17
Team 91	12,000	5	14,700	20
Team 92	30,000	7	12,000	11
Total	10,800	797	12,000	2,647



Mother's Parent Survey Score by Team - 2015

Team	PRENATAL				POSTNATAL			
	0 - 20	25 - 40	45 - 65	70+	0 - 20	25 - 40	45 - 65	70+
Team 2	0.0%	16.7%	83.3%	0.0%	0.0%	22.0%	59.3%	18.6%
Team 3	0.0%	36.4%	45.5%	18.2%	2.9%	26.5%	57.4%	13.2%
Team 5	0.0%	41.7%	45.8%	12.5%	1.4%	19.4%	65.3%	13.9%
Team 6	17.9%	78.6%	3.6%	0.0%	8.4%	83.1%	8.4%	0.0%
Team 8	0.0%	35.7%	57.1%	7.1%	8.2%	56.2%	32.9%	2.7%
Team 9	0.0%	47.1%	47.1%	5.9%	3.4%	46.0%	44.8%	5.7%
Team 10	6.3%	31.3%	43.8%	18.8%	1.9%	73.1%	23.1%	1.9%
Team 11	0.0%	50.0%	40.0%	10.0%	2.3%	61.4%	34.1%	2.3%
Team 12	0.0%	20.0%	73.3%	6.7%	0.0%	43.3%	51.7%	5.0%
Team 13	0.0%	55.2%	44.8%	0.0%	0.0%	65.1%	34.9%	0.0%
Team 15	6.3%	50.0%	43.8%	0.0%	12.7%	65.1%	20.6%	1.6%
Team 17	3.2%	58.1%	35.5%	3.2%	0.0%	67.7%	30.8%	1.5%
Team 18	6.5%	45.2%	48.4%	0.0%	5.4%	54.1%	35.1%	5.4%
Team 19	0.0%	32.1%	57.1%	10.7%	0.0%	16.5%	62.6%	20.9%
Team 21	0.0%	53.8%	46.2%	0.0%	2.5%	45.7%	46.9%	4.9%
Team 23	7.1%	25.0%	60.7%	7.1%	1.2%	20.9%	57.0%	20.9%
Team 27	0.0%	41.2%	58.8%	0.0%	2.4%	54.8%	40.5%	2.4%
Team 28	3.2%	45.2%	51.6%	0.0%	5.6%	66.7%	22.2%	5.6%
Team 32	0.0%	26.3%	63.2%	10.5%	2.6%	50.0%	36.8%	10.5%
Team 33	2.1%	19.1%	68.1%	10.6%	0.0%	48.6%	42.9%	8.6%
Team 43	7.1%	25.0%	60.7%	7.1%	0.0%	42.9%	52.4%	4.8%
Team 48	0.0%	53.3%	40.0%	6.7%	0.0%	32.5%	56.6%	10.8%
Team 61	0.0%	44.4%	55.6%	0.0%	1.8%	26.8%	60.7%	10.7%
Team 62	0.0%	50.0%	40.0%	10.0%	1.4%	24.3%	64.3%	10.0%
Team 64	0.0%	24.1%	72.4%	3.4%	0.0%	24.4%	60.5%	15.1%
Team 65	0.0%	40.0%	53.3%	6.7%	1.2%	27.1%	55.3%	16.5%
Team 68	0.0%	18.2%	77.3%	4.5%	0.0%	34.0%	52.0%	14.0%
Team 70	14.3%	50.0%	28.6%	7.1%	10.1%	60.8%	29.1%	0.0%
Team 80	0.0%	19.2%	57.7%	23.1%	1.1%	30.5%	49.5%	18.9%
Team 81	0.0%	25.0%	65.0%	10.0%	5.3%	44.7%	48.7%	1.3%
Team 82	5.9%	29.4%	58.8%	5.9%	3.4%	44.1%	50.8%	1.7%
Team 83	0.0%	35.5%	58.1%	6.5%	3.0%	31.3%	54.5%	11.1%
Team 84	0.0%	37.5%	54.2%	8.3%	1.0%	26.3%	51.5%	21.2%
Team 85	6.3%	56.3%	37.5%	0.0%	6.3%	43.8%	50.0%	0.0%
Team 86	0.0%	66.7%	33.3%	0.0%	0.0%	74.3%	24.3%	1.4%
Team 87	0.0%	70.6%	29.4%	0.0%	6.5%	67.7%	25.8%	0.0%
Team 88	0.0%	7.7%	61.5%	30.8%	0.9%	33.0%	50.9%	15.1%
Team 89	0.0%	20.0%	80.0%	0.0%	0.0%	16.7%	70.2%	13.1%
Team 90	0.0%	25.0%	25.0%	50.0%	5.9%	47.1%	41.2%	5.9%
Team 91	0.0%	60.0%	40.0%	0.0%	5.0%	65.0%	30.0%	0.0%
Team 92	0.0%	57.1%	42.9%	0.0%	0.0%	81.8%	18.2%	0.0%
Total	2.5%	38.4%	52.2%	6.9%	2.6%	42.2%	46.2%	9.0%



Trimester of Enrollment into Prenatal Program by Team - 2015

Team	1 st Trimester		2 nd Trimester		3 rd Trimester		Other / Unknown		Total #
	#	%	#	%	#	%	#	%	
Team 2	0	0.0	4	33.3	8	66.7	0	0.0	12
Team 3	1	9.1	8	72.7	2	18.2	0	0.0	11
Team 5	2	8.3	8	33.3	14	58.3	0	0.0	24
Team 6	6	21.4	10	35.7	12	42.9	0	0.0	28
Team 8	0	0.0	2	14.3	11	78.6	1	7.1	14
Team 9	2	11.8	8	47.1	7	41.2	0	0.0	17
Team 10	1	6.3	6	37.5	9	56.3	0	0.0	16
Team 11	0	0.0	5	50.0	5	50.0	0	0.0	10
Team 12	5	33.3	1	6.7	9	60.0	0	0.0	15
Team 13	7	24.1	15	51.7	7	24.1	0	0.0	29
Team 15	0	0.0	7	43.8	9	56.3	0	0.0	16
Team 17	1	3.2	7	22.6	21	67.7	2	6.5	31
Team 18	3	9.7	10	32.3	18	58.1	0	0.0	31
Team 19	1	3.6	14	50.0	12	42.9	1	3.6	28
Team 21	1	7.7	6	46.2	6	46.2	0	0.0	13
Team 23	1	3.6	8	28.6	19	67.9	0	0.0	28
Team 27	4	23.5	5	29.4	8	47.1	0	0.0	17
Team 28	7	22.6	10	32.3	14	45.2	0	0.0	31
Team 32	2	10.5	10	52.6	7	36.8	0	0.0	19
Team 33	16	34.0	23	48.9	7	14.9	1	2.1	47
Team 43	3	10.7	12	42.9	13	46.4	0	0.0	28
Team 48	2	13.3	5	33.3	8	53.3	0	0.0	15
Team 61	2	22.2	1	11.1	6	66.7	0	0.0	9
Team 62	1	5.0	9	45.0	9	45.0	1	5.0	20
Team 64	2	6.7	7	23.3	21	70.0	0	0.0	30
Team 65	2	13.3	5	33.3	8	53.3	0	0.0	15
Team 68	3	13.6	7	31.8	12	54.5	0	0.0	22
Team 70	2	14.3	3	21.4	9	64.3	0	0.0	14
Team 80	1	3.8	12	46.2	13	50.0	0	0.0	26
Team 81	1	5.0	10	50.0	9	45.0	0	0.0	20
Team 82	6	35.3	6	35.3	5	29.4	0	0.0	17
Team 83	4	12.9	13	41.9	13	41.9	1	3.2	31
Team 84	3	12.5	8	33.3	12	50.0	1	4.2	24
Team 85	2	12.5	8	50.0	6	37.5	0	0.0	16
Team 86	0	0.0	2	22.2	7	77.8	0	0.0	9
Team 87	0	0.0	5	29.4	12	70.6	0	0.0	17
Team 88	2	15.4	5	38.5	6	46.2	0	0.0	13
Team 89	0	0.0	5	33.3	10	66.7	0	0.0	15
Team 90	0	0.0	2	25.0	6	75.0	0	0.0	8
Team 91	0	0.0	2	40.0	2	40.0	1	20.0	5
Team 92	1	14.3	5	71.4	1	14.3	0	0.0	7
Total	97	12.2	299	37.5	393	49.2	9	1.1	798



Engaged Prenatal Families that Exited Before Baby's Birth By Team - 2015

Team	Total Families	# Closed Before birth	% Closed Before birth
Team 2	12	0	0.0
Team 3	11	0	0.0
Team 5	24	0	0.0
Team 6	28	0	0.0
Team 8	14	0	0.0
Team 9	17	0	0.0
Team 10	16	1	6.3
Team 11	10	0	0.0
Team 12	15	2	13.3
Team 13	29	2	6.9
Team 15	16	0	0.0
Team 17	31	1	3.2
Team 18	31	0	0.0
Team 19	28	1	3.6
Team 21	13	2	15.4
Team 23	28	1	3.6
Team 27	17	0	0.0
Team 28	31	1	3.2
Team 32	19	0	0.0
Team 33	47	1	2.1
Team 43	28	0	0.0
Team 48	15	0	0.0
Team 61	9	0	0.0
Team 62	20	2	10.0
Team 64	30	0	0.0
Team 65	15	0	0.0
Team 68	22	0	0.0
Team 70	14	1	7.1
Team 80	26	0	0.0
Team 81	20	0	0.0
Team 82	17	1	5.9
Team 83	31	1	3.2
Team 84	24	0	0.0
Team 85	16	0	0.0
Team 86	9	1	11.1
Team 87	17	0	0.0
Team 88	13	1	7.7
Team 89	15	0	0.0
Team 90	8	0	0.0
Team 91	5	0	0.0
Team 92	7	0	0.0
Total	798	19	2.4



Appendix B. Healthy Families Arizona Steering

Jenna Shroyer

Esthela Navarro

Department of Child Safety,
Healthy Families Arizona
Central Administration

Becky Ruffner

Prevent Child Abuse Arizona
Committee Chairperson

Michel Lahti

Darlene Lopez

LeCroy & Milligan Associates

Ginger Ward

Suzanne Schunk

Southwest Human Development

Eric Schindler

Pauline Haas-Vaughn

Child and Family Resources

Julie Rosen

Erika Mendoza

Parenting Arizona

Peggy Peixoto

Cradles to Crayons

Ryan Carkhuff

Community Member

Samantha Martin

Wellington Consulting

Mary Warren

Prevent Child Abuse Arizona

Kelley Murphy

Children's Action Alliance

Judy Krysik

Arizona State University

Joanne M. Karolzak

Casa de los Niños

Margaret Daggett

Greater Phoenix Child Abuse
Prevention Council

Mike Oxtoby

Coconino Health Department

Jessica Stewart

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	<p>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.</p> <p>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.</p>
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	
Total Score	0 - 100	<p>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.</p>

* Modified from the Family Stress Checklist



Appendix D. Healthy Families Arizona Prenatal Logic Model

Long Term Outcomes					Program Resources			
€ Reduced child abuse and neglect ⚡ Increased child wellness and development ∠ Strengthened family relations ▼ Enhanced family unity ® Reduced abuse of drugs and alcohol					Family Support Specialists; Family Assessment Workers; Clinical consultants; Quality Assurance/Training/Evaluation; Funding; Community based services, e.g., prenatal support & education programs, hospital programs, nutrition services, translation & transportation services, mental health, domestic violence, substance abuse services			
Prenatal Program Objectives								
Increase the family's support network	Improve mother's mental health	Increase parents' health behaviors	Increase the family members' problem solving skills	Improve nutrition	Increase empathy for the unborn baby	Increase father involvement	Increase safety in the home environment	Increase the delivery of healthy babies, free from birth complications
Program Activities and Strategies								
Assess family's support systems Model relationship skills Foster connections to positive support sources	Identify signs and history of depression, abuse, mental illness, substance abuse Review history of birthing Encourage medical assessment, referral and treatment if needed Encourage exercise, personal care, rest Educate on post partum depression	Assess personal risk behaviors Educate on risk behaviors, lifestyle choices, community resources, affect of drugs, medicines on fetus Explore domestic violence, form safety plan Encourage help seeking and adoption of healthy behaviors	Identify major life stressors Educate on problem-solving, goal setting. Use IFSP to review progress Educate on access to community resources, how to reach out Make referrals as needed for anger and stress management Teach stress reduction	Educate and provide materials on nutrition during pregnancy, buying and choosing healthy foods, and requirements for healthy fetal development Provide referrals to WIC, other resources Encourage healthy celebrations	Explore and assess issues around pregnancy, relationships, hopes, fears Discuss and educate about changes in body, sexuality during pregnancy Share developmental information about stages of development of fetus Encourage pre-birth bonding and stimulation exercises (reading, touch, etc)	Explore father's feelings, childhood experiences, expectations, hopes and fears about baby and goals for fatherhood Educate about changes in intimacy, ways father can support mother Encourage supportive relationships for father Educate on father's legal rights and responsibilities	Assess, encourage and guide family in making needed safety arrangements, e.g. crib safety, car seat, pets, SIDS, child care, feeding Educate on baby temperaments, how to calm baby, Shaken Baby Syndrome, medical concerns Refer to parenting workshops Explore cultural beliefs about discipline	Connect mother to prenatal care and encourage compliance with visits Encourage STD testing Educate on symptoms requiring medical attention Promote breastfeeding and refer to resources
Outcome Evaluation Measures								
H.F. Parenting Inventory-Prenatal (HFPIP); FSS-23	HFPIP; FSS-23	HFPIP; FSS-23; CRAFFT	HFPIP; FSS-23	HFPIP; FSS-23	HFPIP; FSS-23	HFPIP; FSS-23; father involvement scale	HFPIP; FSS-23; Safety checklist	HFPIP; FSS-23; FSS20P



Appendix E. Healthy Families Arizona Postnatal Logic Model

Long Term Outcomes					Program Resources			
∈ Reduced child abuse and neglect ∉ Increased child wellness and development ∠ Strengthened family relations ∇ Enhanced family unity ⊗ Reduced abuse of drugs and alcohol					Family Support Specialists; Family Assessment Workers; Clinical consultants; Quality Assurance/Training/Evaluation; Funding; Community based services, e.g., parenting support & education programs, nutrition services, translation & transportation services, mental health, domestic violence, substance abuse services			
Postnatal Program Objectives								
Increase the family's support network	Improve mother's mental health	Increase parents' health behaviors	Increase the family members' problem solving skills	Improve family stability	Increase parental competence	Increase positive parent-child interaction	Improve child health and optimize child development	Prevent child abuse and neglect
Program Activities and Strategies								
Assess family's support systems Model relationship skills Foster connections to positive support sources Educate on communication skills	Identify signs and history of depression, abuse, mental illness, substance abuse Address issues of grief and loss Encourage medical assessment, referral and treatment if needed Encourage/coach on exercise, personal care, rest Educate on post-partum depression	Assess personal risk behaviors; Educate on dangers of specific risk behaviors Support family in making lifestyle changes and adopting healthy behaviors Educate on community resources Explore domestic violence, create safety plan	Identify major life stressors Educate on problem-solving, goal setting. Use IFSP to review progress Educate on access to community resources, how to reach out Make referrals as needed for anger and stress management Educate about effect of stress on child	Assess basic living skills and needs; help family access housing, education, job, and budget management services. Coach parent to set and evaluate goals; teach basic living skills Promote use of community resources for self sufficiency Explore family planning decisions	Provide empathy and support to parent in parenting role Teach child development, early brain development, temperament Address parental expectations of child Educate about importance of routines and rules Refer to parenting groups and classes	Promote and teach developmentally appropriate stimulation activities Educate about rhythm and reciprocity, reading baby's cues Promote reading, bonding during feeding Encourage family activities, celebrations Coach on father involvement	Complete developmental assessments and make referrals Address medical screenings, support well child checks, immunizations, and good nutrition habits Promote play, reading; provide links to early childhood programs Assess and Guide family in making safety arrangements, e.g., home and car safety	Assess risk of child abuse and neglect Coach and guide in choices for child care Educate about consequences of child abuse and neglect
Outcome Evaluation Measures								
Healthy Families Parenting Inventory (HFPI); FSS-23	HFPI; FSS-23	HFPI; FSS-23; CRAFFT	HFPI; FSS-23	HFPI; FSS-23	HFPI; FSS-23	HFPI; FSS-23; father involvement scale	HFPI; FSS-23; Safety checklist; ASQ	HFPI; FSS-23; FSS20

