



Healthy Families Arizona
Annual Evaluation Report - FY2016
July 2015 – June 2016



LeCroy & Milligan
ASSOCIATES, INC.

Healthy Families Arizona, Annual Evaluation Report 2016 July 2015 – June 2016

Submitted to:

Healthy Families Arizona
Arizona Department of Child Safety
Program Development Unit
3003 N. Central Ave.
Phoenix, AZ 85012
Ph: (602) 255-2500



Submitted by:

LeCroy & Milligan Associates, Inc.
2002 N. Forbes Blvd. Suite 108
Tucson, AZ 85745
Ph: (520) 326-5154
Fax: (520) 326-5155
www.lecroymilligan.com



Acknowledgments:

This evaluation report represents the efforts of many individuals and many collaborating organizations. The evaluation team for Healthy Families Arizona (HFAz) that contributed to this year's report includes evaluators Darlene Lopez, M.A., Steven Wind, Ph.D., Craig W. LeCroy, Ph.D., Michel Lahti, Ph.D., Kerry Milligan, MSSW, Olga Valenzuela, B.A, and data management staff, Veronica Salaiz, Eloina Cardenas, Frankie Valenzuela, Kendra Ortiz, and Rosalita Campos. We extend appreciation to Healthy Families Arizona Central Administration, in the Office of Quality Improvement, Program Development Unit, for their guidance and support. The members of the Healthy Families Arizona Advisory Board are thanked for their long term commitment, enthusiasm, and leadership in Arizona (a list of members is included in the appendices). Thank you to the Healthy Families Arizona program managers and supervisors who have worked diligently to ensure data are collected, submitted, and shared with staff for program improvement. Family Assessment Workers, Family Support Specialists, and support staff at the sites have dutifully collected the data and have participated in the evaluation process--all of whom help to tell an accurate story about Healthy Families Arizona. Lastly, we acknowledge the families who have received Healthy Families Arizona services.

About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state, and national level with a broad spectrum of social services, criminal justice, education, and behavioral health programs.

Suggested Citation:

Healthy Families Arizona, Annual Evaluation Report FY2016, LeCroy & Milligan Associates, Inc. (2016)

Table of Contents

Executive Summary	4
Introduction	7
Healthy Families Arizona Statewide System	7
In This Report	9
Evaluation Methodology.....	9
KIDS COUNT: The Status of Children.....	11
Randomized Trial of Healthy Families Arizona.....	13
Program Updates	14
Training and Professional Development	14
MIECHV Grant.....	14
Quality Assurance and Training Assistance	15
Accreditation Updates.....	15
Collaboration between First Things First and Arizona Department of Health Services ...	16
Length of Time in Program and Reasons for Termination.....	19
Maternal Risk Factors	21
Infant Characteristics.....	22
Race and Ethnicity.....	23
Assessment of Risk Factors.....	24
Summary	26
Key Healthy Families Arizona Services.....	27
Developmental Screens and Referrals for Children.....	27
Outcomes for Families.....	29
Parent outcomes	29
Healthy Families Parenting Inventory Reveals Positive Parent Change	29
Healthy Families Parent Inventory (HFPI) Subscales.....	30
Total Change Score on the HFPI	31
Father of the Baby Involvement.....	31
Child Abuse and Neglect.....	32
Collaboration with the Department of Child Safety	33
Child Development and Wellness	34
Immunizations.....	34
Safety Practices in the Home	35



Mothers’ Health, Education, and Employment	36
Subsequent Pregnancies and Birth Spacing	37
School, Educational Enrollment, and Employment	38
Substance Abuse Screening	39
2016 Participant Satisfaction Survey.....	40
Conclusions and Recommendations	42
References.....	44
Appendix A. Team Level Data.....	47
Appendix B. Healthy Families Arizona Advisory Board Members	62
Appendix C. Parent Survey	63
Appendix D. Healthy Families Arizona Prenatal Logic Model.....	64
Appendix E. Healthy Families Arizona Postnatal Logic Model.....	65



List of Exhibits

Exhibit 1.	Healthy Families Arizona Program Sites in State Fiscal Year 2016	8
Exhibit 2.	2016 Kids Count Profile for the United States and Arizona	11
Exhibit 3.	Participants Included in the Evaluation for State Fiscal Year 2016.....	18
Exhibit 4.	Length of Time to Closure in Days for State Fiscal Years 2012 to 2016.....	19
Exhibit 5.	Families’ Length of Time to Closure for State Fiscal Year 2016	20
Exhibit 6.	Most Frequent Reasons for Termination State Fiscal Year 2016.....	20
Exhibit 7.	Selected Risk Factors for Mothers at Intake State Fiscal Year 2016.....	21
Exhibit 8.	Risk Factors for Infants - State Fiscal Year 2016.....	22
Exhibit 9.	Parents’ Ethnicity State Fiscal Year 2016	23
Exhibit 10.	Mother’s Race* State Fiscal Year 2016.....	23
Exhibit 11.	Father’s Race* State Fiscal Year 2016.....	24
Exhibit 12.	Percentage of Parents Rated Severe on Parent Survey Items for State Fiscal Year 2016	25
Exhibit 13.	Percentage of Parents Rated Severe on Parent Survey Items for State Fiscal Year 2016	25
Exhibit 14.	ASQ-3 Screening State Fiscal Year 2016.....	27
Exhibit 15.	ASQ-3 Follow-up Services State Fiscal Year 2016	28
Exhibit 16.	Change in Subscales of the HFPI.....	30
Exhibit 17.	Overall Change in Healthy Families Parenting Inventory Outcomes.....	31
Exhibit 18.	Father of the Baby Involvement by Percent:	31
Exhibit 19.	Percent of Families Showing No Child Abuse and Neglect Incidences.....	33
Exhibit 20.	Immunization Rate of Healthy Families Arizona Children with State and National Rates*	35
Exhibit 21.	Percent of all Families Implementing Safety Practices	36
Exhibit 22.	Percentage of Mothers who Reported Subsequent Pregnancies Fiscal Years 2012 to 2016.....	37
Exhibit 23.	Length of Time to Subsequent Pregnancy for Those Families with Subsequent Births for Fiscal Years 2012 to 2016.....	37
Exhibit 24.	Percent of Mothers Enrolled in School – State Fiscal Year 2016.....	38
Exhibit 25.	Mother’s Employment Status.....	39
Exhibit 26.	Percent Screened and Assessed Positive on the CRAFFT	40
Exhibit 27.	Percent Who Strongly Agreed on Satisfaction Survey Statements FY 2016.....	41



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 25th 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 2016, 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 42 teams (3 family assessment teams and 39 home visitor teams).

Who Does Healthy Families Arizona Serve?

A total of 4,625 families were monitored for evaluation purposes during the current study year from July 1, 2015 through June 30, 2016. The evaluation of the statewide Healthy Families Arizona system covers only families with children that are 24 months old or younger (n=3,264). The remaining 1,361 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 3,105 families that have received at least four home visits. Approximately 22% 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 in Healthy Families Arizona are more likely to be teen parents, single parents, unemployed, undereducated, living in poverty, and receiving state funded insurance through the Arizona Health Care Cost Containment System (AHCCCS). The infants are also more likely to suffer from birth defects, be of low birth weight, be born preterm, and have positive alcohol or drug screens at birth than for Arizona as a whole as reported in state and federal data.



Risk Factors of Mothers	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Teen Births (19 years or less)	17.7%	12.0%	7.6%
Births to Single Parents	71.5%	72.6%	44.7%
Less Than High School Education	33.1%	32.0%	19.5%
Not Employed	70.8%	73.7%	44.2%
No Health Insurance	5.8%	6.5%	3.5%
Receives AHCCCS	84.9%	80.1%	53.2%
Late or No Prenatal Care	27.4%	34.7%	15.4%
Median Yearly Income	\$10,402	\$12,030	\$51,492

Risk Factors for Infants	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Born < 37 weeks gestation	13.6%	14.9%	9.0%
Birth Defects	0.4%	0.6%	0.5%
Low Birth Weight	10.4%	12.1%	7.0%
Positive Alcohol/Drug Screen	2.6%	11.0%	1.6%

Sources: Arizona State Rates come from 2013 and 2014 data from the Arizona Department of Health Services Vital Statistics records and the U.S. Census Bureau, American Community Survey, 2014. 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 except social support at both 6 months and 12 months. This indicates that Healthy Families Arizona participants are continuing to see reductions in their risk factors related to child abuse and neglect.

Parents 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 70.9% compared to a 74.6% immunization rate for 2 year-olds in the state of Arizona as a whole, and is at 89.4% for 1 year-olds. Healthy Families Arizona also educates families on home safety practices. Results indicate that for families who have been in the program for 12 months: 99.9% of participants are using car seats, 96.1% have poisons locked, and 91.5% 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 State Fiscal Year 2016, 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 101 Healthy Families Arizona families had a substantiated case of child abuse and/or neglect out of 2,340 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 770 families that were involved with the Department of Child Safety (DCS).

Mothers' Health, Education, and Employment

Healthy Families Arizona also seeks to improve the health, education, and employment outcomes among mothers to increase their resilience which allows them to be better equipped to meet their families' needs. Research shows that spacing pregnancies at least 24 months apart has positive health benefits for the mother. This year 1.8% of mothers with a subsequent pregnancy waited over 24 months before they got pregnant with their next child, up from 0.9% in the previous year. The number of mothers enrolled in school has continued to decrease in recent years, with 10.6% enrolled at 1 year of program participation, and 9.6% at 2 years. Employment rates for mothers are similar to last year with approximately 46% of mothers employed at 24 months. 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, with slightly higher rates than in fiscal year 2015. Approximately 43% of the participants were screened as having a history of substance abuse problems at intake, with 10.5% continuing to have problems after six months in the program, up from 7.5% in 2015.



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 25th 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 624 affiliated program sites in 35 States, the District of Columbia, 6 U.S. Territories, and Canada. Healthy Families America is approved as an “evidence-based early childhood home visiting service delivery model” by the US Department of Health and Human Services.

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

Healthy Families Arizona Statewide System

Healthy Families Arizona is an affiliated Healthy Families America (HFA) State/Multi-Site system. The Program Development Unit located within the Office of Quality Improvement under the Arizona Department of Child Safety is designated as the Central Administration for all accredited Healthy Families Arizona sites. There are five core functions of Central Administration which are designed to support the statewide system of single sites, these include quality assurance/technical assistance, evaluation, training, system-wide policy development, and administration. Each of these functions covers a set of activities and tasks that guide operations at the Central Administration level as well as at 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 2016, funding level for the statewide system included \$5,960,909 from DCS, \$4,515,075 from FTF, and \$5,384,260 from DHS. The combined funding of \$15,890,244



from DCS, FTF, and DHS allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 236 zip code areas around Arizona. For the 2016 state fiscal year, there were 12 sites with 3 family assessment teams and 39 home visitor teams (14 DCS funded, 7 FTF funded, 10 DHS funded, and 11 receiving funding from more than one source). See Exhibit 1 for a list of teams funded in Fiscal Year 2016.

Exhibit 1. Healthy Families Arizona Program Sites in State Fiscal Year 2016

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	18
Mohave County	1
Mohave County / La Paz County	2
Pima County	7
Pinal County	2
Verde Valley (in Yavapai County)	1
Yavapai County	1
Yuma County	2
Statewide	42



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 2016 from July 1, 2015 to June 30, 2016. Additionally, this report also reviews recently published literature related to Healthy Families and the home visitation program.

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

The 2016 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 Child Safety'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.



KIDS COUNT: The Status of Children

Since 1990, the Annie E. Casey Foundation, a private national philanthropy, has compiled and published an annual *KIDS COUNT Data Book* (<http://www.aecf.org/2016db>). The purpose of KIDS COUNT is to provide national and state level data on the well-being of children living in the United States. The KIDS COUNT indicators are collected across all states at least biannually for children from birth through high school. The 2016 *KIDS COUNT Data Book* consists of 16 indicators within 4 domains. The 4 domains with their indicators, along with the rates for the United States and Arizona, are shown in Exhibit 2 below.

Exhibit 2. 2016 Kids Count Profile for the United States and Arizona

Domains and Indicators	United States	Arizona
Economic Well-Being		
Children in poverty	22%	26%
Children whose parents lack secure employment	30%	32%
Children living in households with a high housing cost burden	25%	34%
Teens not in school and not working	7%	8%
Education		
Young children not in school	53%	65%
Fourth graders not proficient in reading	65%	70%
Eighth graders not proficient in math	68%	65%
High school students not graduating on time	18%	24%
Health		
Low-birthweight babies	8%	7%
Children without health insurance	6%	10%
Child and teen deaths per 100,000	24	26
Teens who abuse alcohol or drugs	5%	6%
Family and Community		
Children in single-parent families	35%	37%
Children in families where the household head lacks a high school diploma	14%	17%
Children living in high-poverty areas	14%	24%
Teen births per 1,000	24	30

The 2016 *KIDS COUNT Data Book* compared the data from 2008 at the start of the recession with the 2014 data which is the most current available. The National indicators are used to show trends over time in child well-being. For states, the most currently available data is collected and states are ranked within each category based on the indicators and given an overall ranking. Both nationally and in Arizona, children have seen improvements in the



Education and Health domains, but setbacks in the Economic Well-Being and Family and Community domains.

The greatest improvements were in Child Health where all four indicators improved in both Arizona and nationally. Most notable is the decrease in the number of children without health insurance from 10% nationally in 2008 to 6% in 2014. Arizona has seen similar improvements dropping from 16% of children without health insurance in 2008 down to 10% in 2016. Arizona is ranked 45 nationally in the Health domain.

In the Education domain, Arizona saw improvements in all four indicators. Nationally, the percent of young children not in school increased slightly from 52% to 53%. Arizona has a higher percentage of young children not in school (65%) than the national rate. This is a slight improvement from 66% previously. In the Education domain Arizona is ranked 44th among all states.

Nationally, in the Family and Community domain, the rate of teen births has dropped in 2014 to 24 per 1000 births from 40 per 1000 in 2008. Arizona has also seen an improvement with 30 teen births per 1000 in 2014 compared to 54 per 1000 in 2008. However, more children are living in single-parent households (35%) and more are living in high-poverty areas (14%). In Arizona these rates are higher than the national average for all indicators with 17% of parents lacking a high school diploma, 30 teen births per 1000, 37% of children living in single-parent households, and 24% of children living in high-poverty areas. Arizona is ranked 46 in the Family and Community domain.

The Economic Well-Being domain is Arizona's highest rank at 39, while being a mix of improvements and declines. More children are living in poverty (26% up from 21%) and more children have parents lacking secure employment (32% up from 29%). However, fewer children are living in households with a high housing cost burden (34% down from 44%), and the percent of teenagers not in school or working has also dropped from 11% to 8%. The national rates mimic the improvements and declines in each indicator.

Arizona is ranked 45 overall, which is an improvement from previous years where the ranking was 46. In the Economic Well-Being domain Arizona has its highest rank at 39. Overall, Arizona ranked worse than the national trend in 14 of the 16 indicators. The percentage of low birth weight babies at 7% and the percentage of eighth graders proficient at math at 65% were both lower than the national averages of 8% and 68% respectively. In summary, Arizona does not score well in the realm of child well-being, and programs like Healthy Families Arizona which provide additional supports to families, are necessary to help mitigate the risk for poor outcomes both in childhood as well as when they transition to adulthood.



Randomized Trial of Healthy Families Arizona

Nationally, the investment of funding into the Maternal, Infant, and Early Childhood Home Visitation Program has brought to the forefront the importance of conducting research on home visitation programs. Healthy Families Arizona is one of many evidence-based home visitation programs being implemented across the country and additional research continues to add to the discussion about program effectiveness. LeCroy & Milligan Associates, with funding from the Children’s Bureau through the Rigorous Evaluation of Existing Child Abuse Prevention Programs, completed a randomized control trial of Healthy Families Arizona.

Families for the study came from local hospitals, and were screened and assessed for inclusion in the program using the standard Healthy Families Arizona screening tool and the Parent Survey. Families who were eligible to receive Healthy Families Arizona services were then recruited to participate in the study and randomly assigned to either the Healthy Families Arizona program or to a “Child Development Group”. The Child Development group received assessment information about the child’s developmental progress using the Ages and Stages Questionnaire (ASQ-3), and were provided with referrals as needed. This provided a control group with minimal intervention, but still provided necessary referrals for at risk families.

Results from the six month follow-up are outlined in a research article *Randomized Trial of Healthy Families Arizona: Quantitative and Qualitative Outcomes* by Craig LeCroy and Melinda Davis from the Research of Social Work Practice journal. Overall the study found positive short-term effects for the Healthy Families Arizona participants. The strongest effects were in the domains of safety, positive parenting practices, improved home environments, and the mobilization of resources. An interesting finding was an increase in breast feeding among mothers participating in Healthy Families Arizona over the mothers in the control group as this is not a targeted outcome for the program. Another important finding was for program dosage. Dosage was measured as the total number of home visits received. Families that received more home visits had greater improvements in social support, depression, parenting role satisfaction, problem-solving skills, breast feeding, and overall mental health. A qualitative analysis also showed that families participating in Healthy Families Arizona expressed more positive emotions and used more feeling expressions than families in the control group. Overall, the study shows the positive impact of Healthy Families Arizona and the importance of family retention in the program.



Program Updates

Training and Professional Development

During the state fiscal year 2016, Healthy Families Arizona staff participated in a variety of professional development opportunities.

- On July 21-23, 2015, Central Administration and HFAZ staff attended the 22nd 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, 2015, Central Administration and HFAZ staff participated in the 4th 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 November 4-5, 2015, HFAZ staff attended the Healthy Families America State Leaders Conference in Rosemont, IL. This conference featured key leaders in the home visiting field like Dr. Deborah Daro. Staff also had the opportunity to network with HFA colleagues across the nation.
- HFAZ acquired a third in-state HFA certified trainer to provide ISHV CORE training to new HFAZ staff. The CORE trainers are supervisors/program managers at local sites located within the multi-site system. One supervisor is currently in the mentorship process to become a PSCO CORE trainer for our state.
- Central Administration continues collaboration with the evaluation team, LeCroy and Milligan Associates, to support consistent delivery of CORE training.

MIECHV Grant

For the State fiscal year 2016, HFAZ Central Administration collaborated with the Arizona Department of Health Services (ADHS) to ensure staff serving MIECHV families were trained on data collection, data forms, and use of the ETO (Efforts to Outcomes) database. HFAZ Central Administration and ADHS met to review existing forms, determine whether



adjustments were needed 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 2016, the Quality Assurance and Training Assistance (QA/TA) team experienced staffing capacity fluctuations ranging from one to three QA/TA Coordinators and a Manager. Although a variety of challenges affected the sustainability of the team, HFAZ Central Administration continued to manage the quality assurance, training support, and various program administrative components for 12 sites and 42 teams. The HFAZ Central Administration Manager continues efforts to bring the QA/TA team to full capacity. The HFAZ QA/TA team conducted 12 individual site visits during the third and fourth quarter of state fiscal year 2016, providing technical support throughout the process.

Accreditation Updates

The HFAZ Multi-Site system worked diligently to prepare for its fourth accreditation. The accreditation process is structured in three phases. The first being the development of the self-study where HFAZ Central Administration and each of the 12 HFAZ local sites prepared and submitted documentation to Healthy Families America. The self-study is a written document that demonstrates implementation of the Best Practice Standards issued by Healthy Families America. This allows for opportunity to critically look at the services being offered and improve practice as needed. The second phase is the peer review site visit. For Multi-Site systems like HFAZ, the Central Administration receives the first peer review site visit. During this visit, local sites located within the multi-site system are selected for a peer review site visit. HFAZ Central Administration received its peer review site visit in May 2016 and four out of the 12 local sites were selected to receive their site visit in August 2016. An accreditation Site Visit Report is developed outlining the rating for each of the standards. The third and final phase in the accreditation process is known as the response period. Central Administration and the local sites are to address standards rated out of adherence detailed in the Site Visit Report. The national office then reviews the detailed narrative responses and determines whether improvement in practices was demonstrated. Once the central administration and the sites within the system have met the threshold of adherence to the HFA standards HFA State/Multi-Site accreditation will be granted for five years.



Collaboration between First Things First and Arizona Department of Health Services

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



Healthy Families Arizona Participant Characteristics

Data were submitted for a total of 4,625 families for evaluation purposes during the current study year from July 1, 2015 through June 30, 2016. A total of 1,920 were funded through the Department of Child Safety; 1,209 through First Things First; and 1,435 through MIECHV. The evaluation of the statewide Healthy Families Arizona system includes only families with children that are 24 months old or younger (n=3,264). The remaining 1,361 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. It was decided that four home visits would 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 3,105 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.

Slightly more than one in five (21.7%) of the families enter the program in the prenatal period (prenatal participants) and 78.3% of the families enter the program after the birth of the child (postnatal participants). For the July 2015 to June 2016 evaluation cohort, there were 674 prenatal and 2,431 postnatal families. Exhibit 3 presents the total number of prenatal and postnatal families actively engaged from July 2015 to June 2016.

“I’ve learned so much from My FSS. Most Importantly, I’ve got an understanding of my new life with my baby. She has helped me to stay open to changes and to recognize my feelings.”



Exhibit 3. Participants Included in the Evaluation for State Fiscal Year 2016

County	Site	Prenatal	Postnatal	Total
Cochise	Team # 12	9	62	71
Coconino	Team # 18	26	36	62
	Team # 13	31	48	79
	Team # 90	11	18	29
Graham/ Greenlee	Team # 28	10	33	43
	Team # 92	15	26	41
Maricopa	Team # 2	17	72	89
	Team # 3	17	57	74
	Team # 5	22	80	102
	Team # 19	16	75	91
	Team # 23	19	77	96
	Team # 48	14	79	93
	Team # 61	11	74	85
	Team # 62	15	59	74
	Team # 64	25	82	107
	Team # 65	18	101	119
	Team # 68	18	37	55
	Team # 80	16	75	91
	Team # 83	17	80	97
	Team # 84	12	87	99
Team # 88	16	111	127	
Team # 89	17	99	116	
Mohave	Team # 33	47	56	103
Mohave/La Paz	Team # 17	14	47	61
	Team # 91	9	40	49
Navajo	Team # 32	14	30	44
Pima	Team # 8	21	68	89
	Team # 9	16	68	84
	Team # 10	20	56	76
	Team # 11	6	67	73
	Team # 27	11	65	76
	Team # 81	21	78	99
Pinal	Team # 82	23	87	110
	Team # 85	8	38	46
Santa Cruz	Team # 6	20	53	73
Yavapai	Team # 21	8	60	68
	Team # 87	15	35	50
Yuma	Team # 15	27	52	79
	Team # 70	22	63	85
Total		674	2,431	3,105



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 2016, a total of 1,135 of the 3,105 families in the evaluation sample closed during the year. Of the 3,105 families served, 1,211 enrolled during fiscal year 2016. For the newly enrolled families 333 closed (27.5%), for a retention rate of 72.5% which is an increase from 68.6% in FY 2015.

The length of time in the program for families that closed in fiscal year 2016 has continued to increase for the last two years from a low in 2014 (Exhibit 4). For all families (N=1,135) who closed in State Fiscal Year 2016:

- The median number of days in the program was 285 days (as compared to 281 in 2015, 246 in 2014, 263 in 2013, and 290 in 2012);
- The average length of time in the program was 358 days (as compared to 345 in 2015, 320 in 2014, 346 in 2013, and 352 in 2012); and
- Forty percent of families were in the program one year or longer (as compared to 37% in 2015, 33% in 2014, 37% in 2013, and 38% in 2012).

Exhibit 4. Length of Time to Closure in Days for State Fiscal Years 2012 to 2016

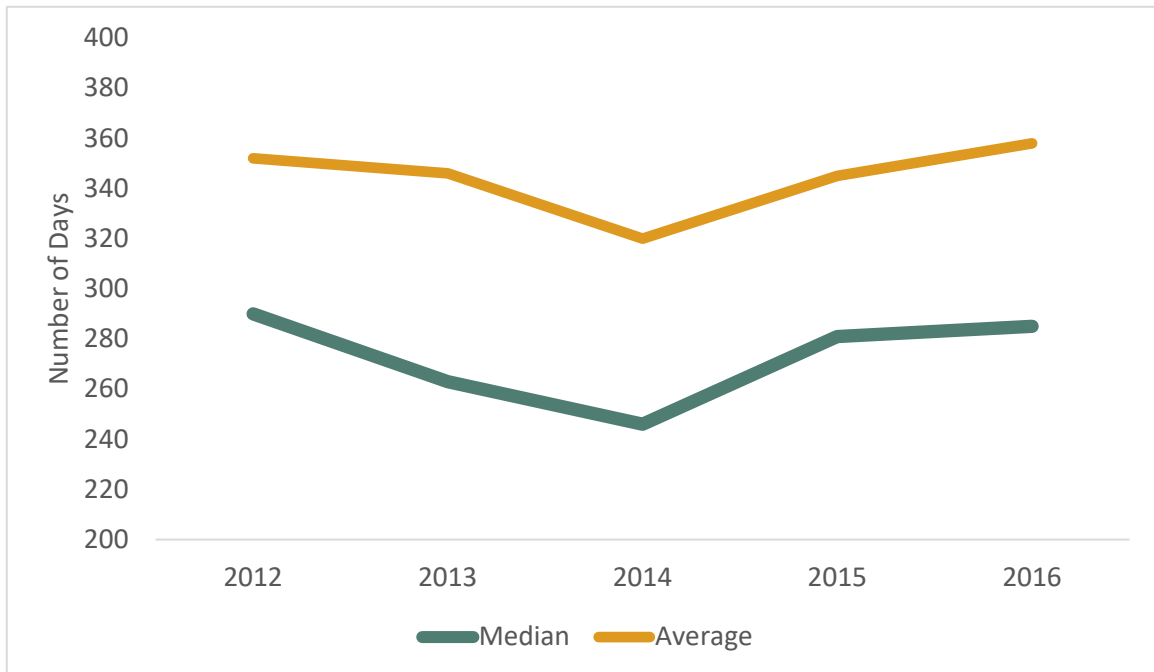


Exhibit 5 shows the distribution of length of time that families stayed in the program for all families who closed in FY 2016. The largest percentage of families (32%) who closed in FY 2016 were in the program between 6 and 12 months.

Exhibit 5. Families' Length of Time to Closure for State Fiscal Year 2016

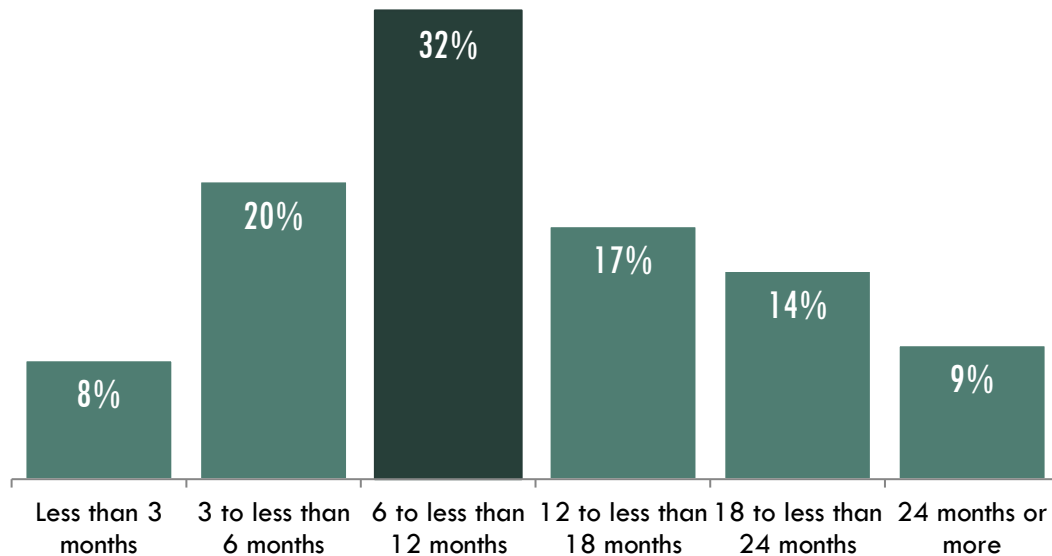


Exhibit 6 shows the most frequent reasons families left the program during this year. The most common reason a postnatal family's case was closed in FY 2016 was due to families not responding to outreach efforts followed closely by families refusing further services. For prenatal families, the family moving away was the most frequent reason followed closely by refusing further services. A breakout by site is presented in Appendix A.

Exhibit 6. Most Frequent Reasons for Termination State Fiscal Year 2016

Reason	Prenatal	Postnatal	Overall
Did not respond to outreach efforts	17.8%	21.5%	20.7%
Family refused further services	19.9%	20.1%	20.0%
Moved away	20.3%	17.5%	18.1%
Self-sufficiency	17.4%	15.9%	16.2%



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 still higher than the overall rate for Arizona however, it has continued to decrease. In 2016, 17.7% of prenatal mothers and 12.0% of postnatal mothers enrolled are teens compared to 18.5% and 14.1% in 2015, and 20.9% and 16.4% in 2014, respectively. The majority of all mothers are single (72.4%) at enrollment, with only 27.6% of mothers married at enrollment. Approximately one in three mothers enrolled in Healthy Families Arizona have less than a high school education (32.3%) compared to one in five of all mothers in the State (19.5%). Just under three quarters (73.0%) of Healthy Families Arizona mothers are unemployed and 81.2% are receiving AHCCCS at enrollment. The median income of the enrolled mothers is below the 2016 Federal Poverty Level (\$16,020 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 7 presents selected risk factors for both prenatal and postnatal mothers at intake compared with state rates.

Exhibit 7. Selected Risk Factors for Mothers at Intake State Fiscal Year 2016

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona state Rates
Teen Births (19 years or less)	17.7%	12.0%	7.6%*
Births to Single Parents	71.5%	72.6%	44.7%*
Less Than High School Education	33.1%	32.0%	19.5%*
Not Employed	70.8%	73.7%	44.2%**
No Health Insurance	5.8%	6.5%	3.5%*
Receives AHCCCS	84.9%	80.1%	53.2%*
Late or No Prenatal Care	27.4%	34.7%	15.4%*
Median Yearly Income	\$10,402	\$12,030	\$51,492 **

Source: Prenatal and Postnatal Families data from the Healthy Families Arizona FY 2016 data

*2014 data from the Arizona Department of Health Services Vital Statistics records.

**U.S. Census Bureau, American Community Survey, 2014

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



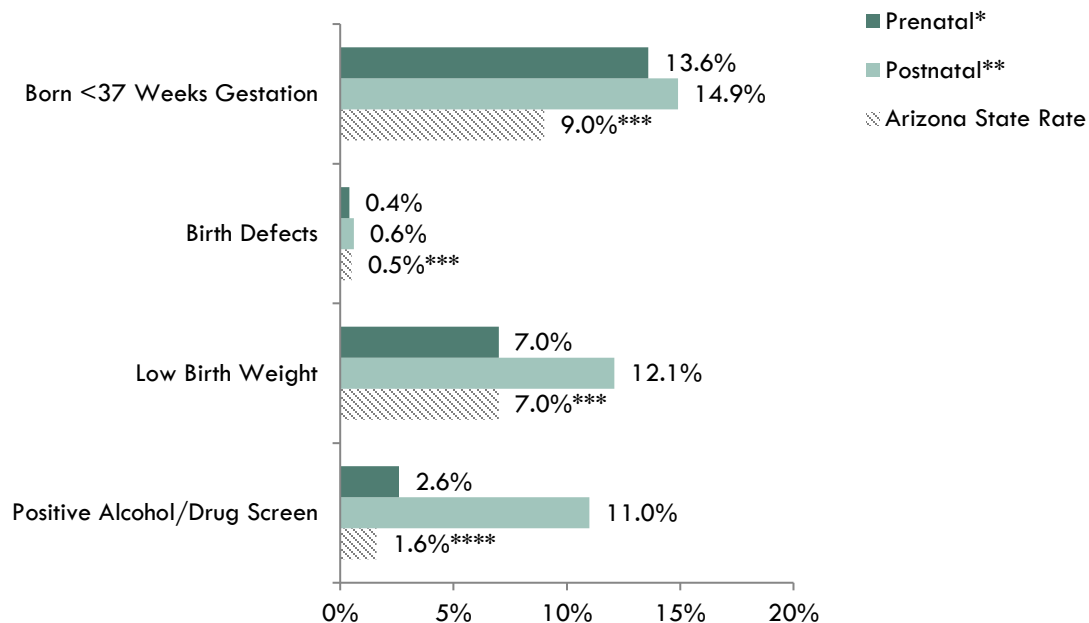
Infant Characteristics

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 FY 2016 are similar to prior years. The percentage of Healthy Families Arizona program infants born early (less than 37 weeks gestation) remains higher than the overall state rate, suggesting that the families being identified for service have a significant level of need. 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 8 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 8. Risk Factors for Infants - State Fiscal Year 2016



*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.

*** 2014 data from the Arizona Department of Health Services Vital Statistics records.

**** 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. Over half of the mothers (55.4%) and nearly half (49.8%) of the fathers enrolled in the program are Hispanic (see Exhibit 9). Exhibits 10 and 11 display mothers' and fathers' race. Site level data for race and ethnicity are available in Appendix A.

Exhibit 9. Parents' Ethnicity State Fiscal Year 2016

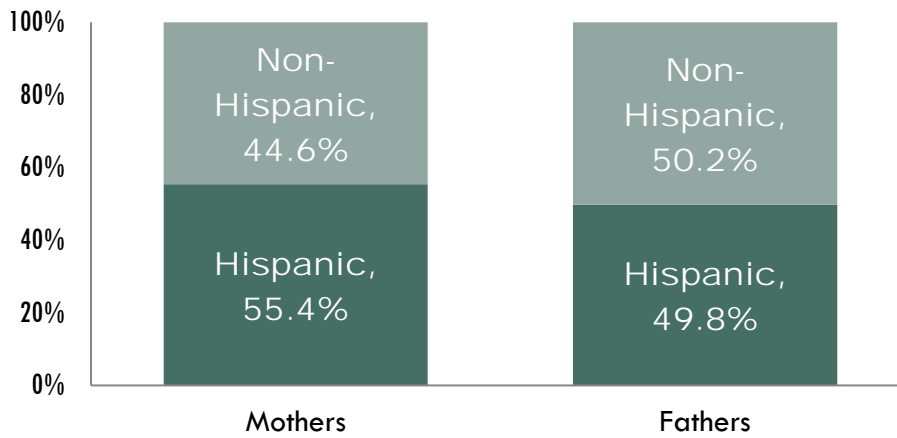
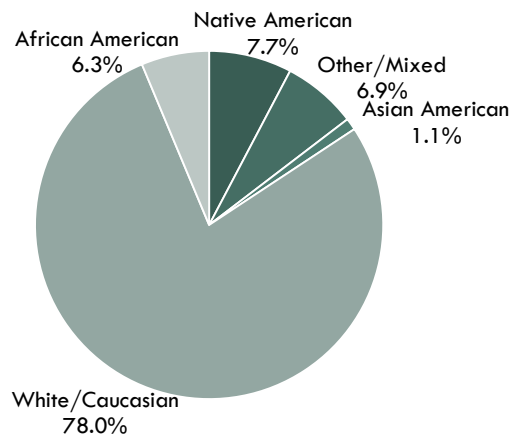


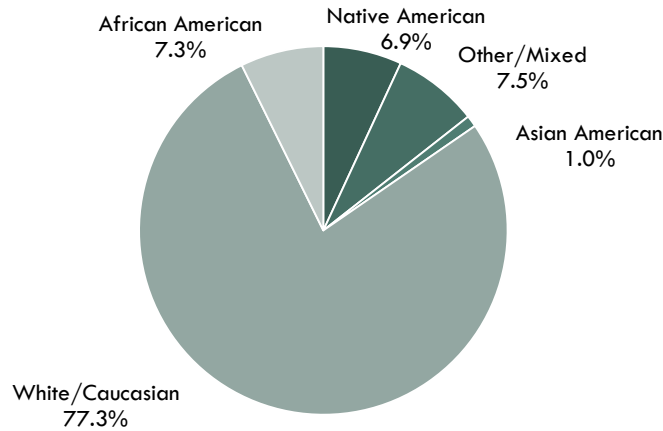
Exhibit 10. Mother's Race* State Fiscal Year 2016



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



Exhibit 11. Father's Race* State Fiscal Year 2016



*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 12 and 13.



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 12. Percentage of Parents Rated Severe on Parent Survey Items for State Fiscal Year 2016

PRENATAL

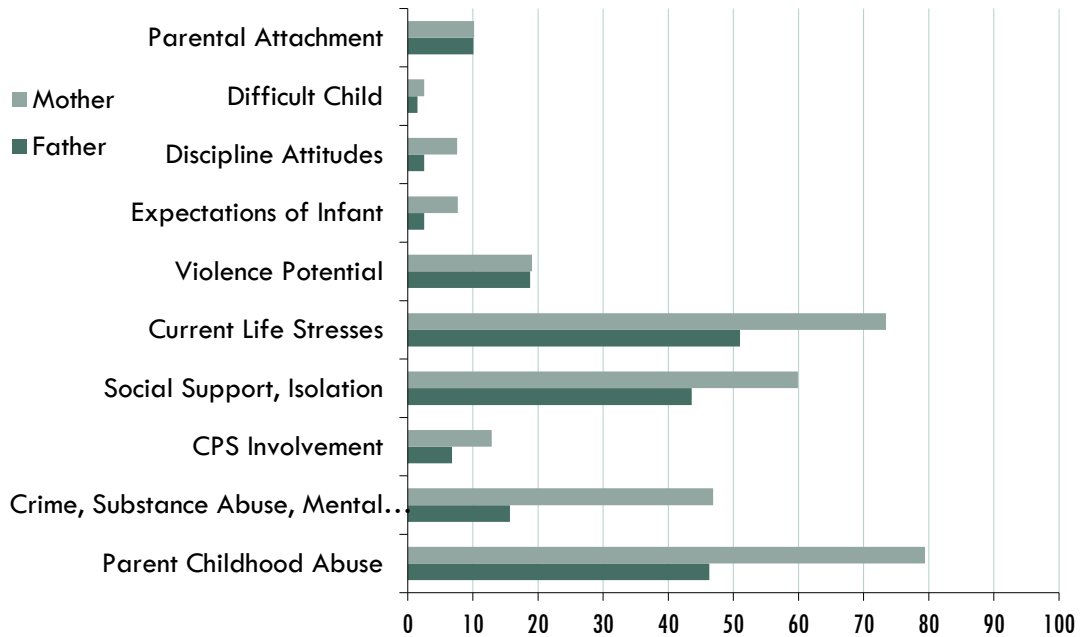
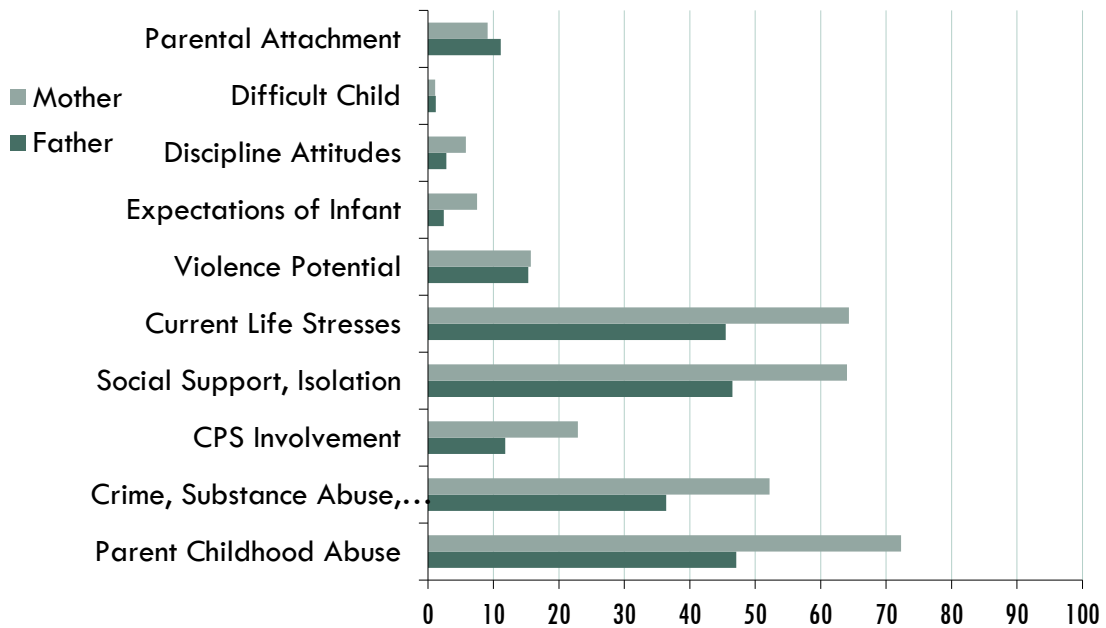


Exhibit 13. Percentage of Parents Rated Severe on Parent Survey Items for State Fiscal Year 2016

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 (79.4%) and current life stresses (73.4%) than postnatal mothers, at 72.3% and 64.3%, respectively.

Summary

The process evaluation for fiscal year 2016 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. 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.



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 14 shows, the number of children receiving the ASQ-3 at each interval is exceeding 90% in the time periods up to 18 months. The 24-month ASQ-3 rate fell short of the statewide performance goals this year. The 18-month ASQ-3 rate increased to 90.6% from 86.7% in 2015 while the 24-month ASQ-3 rate rose slightly to 85.0% from 84.7% last year. Similar rates of children were identified as delayed as in the prior year for the 4-month to 24-month screenings.

Exhibit 14. ASQ-3 Screening State Fiscal Year 2016

Interval ASQ-3 Screening	Percent of children Screened with ASQ-3	Percent screened as delayed
4-month	96.5%	2.0%
6-month	94.1%	2.5%
9-month	97.4%	4.3%
12-month	93.1%	5.2%
18-month	90.6%	6.6%
24-month	85.0%	10.0%

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 10% of children (depending on their age) are initially screened as delayed in their development, nearly 15% of the children who initially screen as delayed on the ASQ-3 in the early months of their life are determined to not have delays upon *further* assessment at 12 months (see Exhibit 15 below). This is a common occurrence, as children develop at different speeds in the early months of life. However, some children continue to show delays for which early access to services can be provided. The ASQ-3 screening provides a valuable service to families because it enables them to access appropriate services to meet their child’s particular needs. This practice is consistent with the American Academy of Pediatrics strategic plan to promote developmental screening and establish a medical home when needed (Tait, 2009). There is a national effort to increase early developmental screening after studies found that up to 70% of developmental problems were not identified until school entry (e.g., see Glascoe & Dworkin, 1993). The following exhibit shows the outcome of these follow-up assessments that are completed with families at the different time intervals.

Exhibit 15. ASQ-3 Follow-up Services State Fiscal Year 2016

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	10.6% (5)	40.4% (19)	6.4% (3)	74.5% (35)	2.1% (1)	21.3% (10)
6-month	5.6% (3)	42.6% (23)	7.4% (4)	68.5% (37)	1.9% (1)	20.4% (11)
9-month	7.7% (5)	27.7% (18)	3.1% (2)	75.4% (49)	0.0% (0)	27.7% (18)
12-month	14.9% (11)	28.4% (21)	5.4% (4)	82.4% (61)	6.8% (5)	17.8% (13)
18-month	3.3% (2)	41.0% (25)	9.8% (6)	77.0% (47)	8.2% (5)	19.7% (12)
24-month	4.0% (2)	46.0% (23)	0.0% (0)	74.0% (37)	8.0% (4)	14.0% (7)

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

“I’ve been in Healthy Families program since my son was 3 weeks old. He is now 9 months going on 10 months. I found out about the program from my sons’ dad’s mom. When she first told me about the program I thought that it was going to be someone telling me how to raise my son so I was skeptical. Boy was I wrong. This program really helped me in a lot of ways. I learned about the development of my son, what milestones he should be hitting at a certain age, as well as setting up goals for him & myself.”



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 nine 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=1689) and participants who also had matched instruments at the 12 month interval (n=1123). Paired t-tests were used for each subscale.

Healthy Families Parent Inventory (HFPI) Subscales

Exhibit 16. 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	None	.181	(0.03)	✓	.013	(0.07)
Problem- solving	✓	.000	(0.18)	✓	.000	(0.20)
Depression	✓	.000	(0.13)	✓	.000	(0.13)
Personal care	✓	.000	(0.14)	✓	.000	(0.18)
Mobilizing resources	✓	.000	(0.31)	✓	.000	(0.36)
Commitment To Parent Role	✓	.000	(0.14)	✓	.000	(0.19)
Parent/Child Behavior	✓	.000	(0.22)	✓	.000	(0.21)
Home Environment	✓	.000	(0.36)	✓	.000	(0.51)
Parenting Efficacy	✓	.000	(0.14)	✓	.000	(0.15)

From baseline to 6 months and baseline to 12 month there were statistically significant changes in all subscales except the Social Support at 6 months. The largest improvements (as shown by the effect sizes) at 6 months after entering the program are in the categories of home environment (0.36), mobilizing resources (0.31), and parent/child behavior (0.22). At



12 months the largest improvements are in home environment (0.51), mobilizing resources (0.36), parent/child behavior (0.21) and problem solving (0.20). This indicates that the Healthy Families Arizona sites are effective at improving the atmosphere of the home, connecting parents to resources, improving the interaction between parents and children, and improving parents' problem solving skills.

Total Change Score on the HFPI

In order to provide a more comprehensive understanding of outcomes in parenting observed during participation in the Healthy Families program, it is also useful to examine the total score on the Healthy Families Parenting Inventory and overall significance of change. As Exhibit 17 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 17. Overall Change in Healthy Families Parenting Inventory Outcomes

Sub- scale	Significant improvement from baseline to 6 months	Significance	Effect size	Significant improvement from baseline to 12 months	Significance	Effect size
Total Scale	✓	.000	(0.27)	✓	.000	(0.35)

Father of the Baby Involvement

Healthy Families Arizona provides services to the entire family and not just the mother and child. The involvement of the father of the baby along with other male partners and families members is considered important to the healthy development of the child. In order to determine the level of male involvement, Healthy Families Arizona asks families every six months about the males in the child's life that participate in child care, provide financial support, live in the home with the child, and participate in the Healthy Families Arizona visits. In fiscal year 2016 there was little involvement of partners (who were not the father of the baby), grandfathers, and other males. However approximately three-fourths of all fathers were involved in caring for the child and more than 40% participated in the Healthy Families Arizona program.

Exhibit 18. Father of the Baby Involvement by Percent:

	6-Month	12-Month	18-Month	24-Month
Providing Child Care	74.3%	75.5%	74.6%	73.6%
Providing Financial Support	75.3%	76.7%	76.8%	75.2%
Living in the Home	70.9%	71.1%	71.3%	69.5%
Participate in HFAz	48.1%	46.7%	44.7%	41.6%



Child Abuse and Neglect

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

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

In order to best represent families that have received a significant impact from the Healthy Families Arizona program, only families that have been in the program for at least six months are analyzed to determine if they have a substantiated report of child abuse or neglect. This year 95.7% of the Healthy Families Arizona eligible families (2,239 out of 2,340) were without a substantiated report, as can be seen in Exhibit 19. A total of 101 cases were determined to have substantiated reports. A substantiated finding means that “the Department of Child Safety has concluded that the evidence supports that an incident of abuse or neglect occurred based upon a probable cause standard” (see DCS substantiation guidelines for further detail).



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



Collaboration with the Department of Child Safety

Healthy Families Arizona provides supportive services for families involved with the Department of Child Safety (DCS). In state fiscal year 2016, 770 out of the full 4,625 (16.6%) Healthy Families Arizona families served in FY 2016 had some level of involvement with DCS. For the evaluation sample of 3,105 families, 599 had some level of involvement (19.3%), including 101 families with substantiated cases, and 200 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 most recent year available), the Arizona immunization rate for 24 month olds was 67.2%, and the U.S. rate was 74.6% (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.

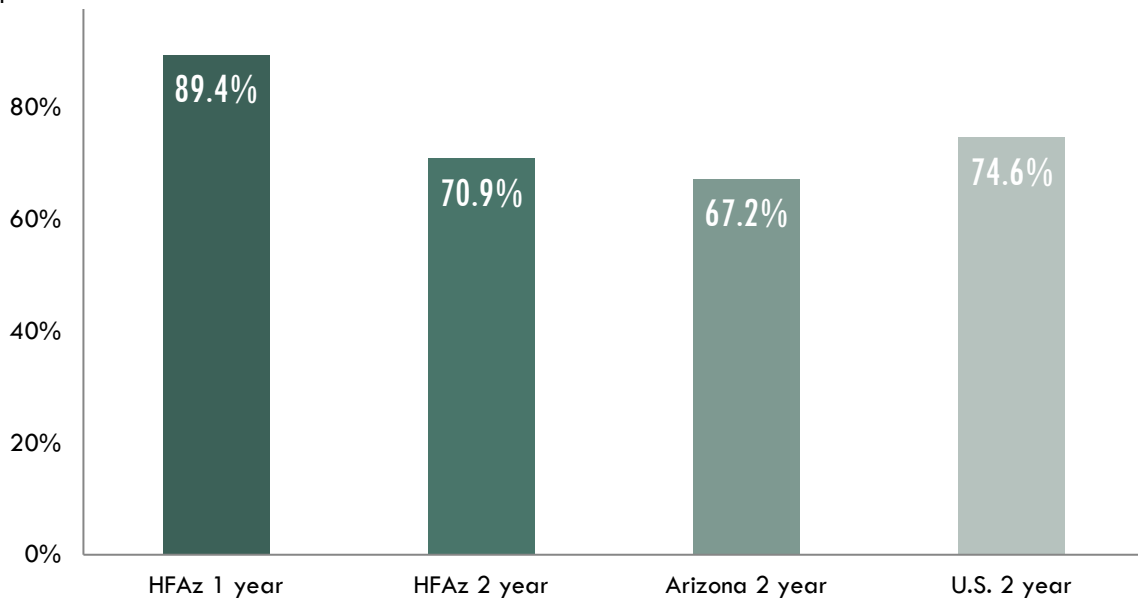
Exhibit 20 presents full immunization data at 12 months and 24 months based on the recommended schedule of immunizations to meet Arizona State compliance of the 4:3:1:3:3:1 standard. Healthy Families Arizona families are modestly higher than the state immunization rate for 2-year olds and slightly lower 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 both 1-year olds and 2-year olds in Healthy Families Arizona are nearly the same as in FY 2015. The additional effort the home visitors have made in both emphasizing the importance of immunization and collecting the immunization data has allowed the rates to remain consistently higher these last couple of years than in previous years.

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

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



Safety Practices in the Home

A study released by the Centers for Disease Control and Prevention (MMWR 2012) states that even though injury deaths for children have decreased from 15.5 to 11.0 per 100,000 population from 2000 to 2009, they continue to be the leading cause of death for children over the age of 1. Unintentional injuries are also the fifth leading cause of death for newborns and infants under the age of 1. A report in 2004, *Home visiting and childhood injuries*, concluded that home visits can reduce the risk of accidental injuries in the home by approximately 26%.

The Healthy Families Arizona home visitors both assess and promote safe environments for children. The home visitors provide education about safety practices and monitor safety in the home through the completion of the safety checklist with the family. Exhibit 21 reports the use of four key safety practices across five time points for postnatal participants. 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 94%, 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 locked poisons, 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 41.0% to 53.7% which is when most babies begin to scoot and start to crawl. This percent increases to 73.0% 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 21. Percent of all Families Implementing Safety Practices

	2-Month	6-Month	12-Month	18-Month	24-Month
Outlets Covered	41.9%	53.7%	73.0%	78.7%	78.9%
Poisons Locked	86.7%	93.2%	96.1%	97.9%	98.6%
Smoke Alarms	86.8%	90.2%	91.5%	92.3%	93.7%
Car Seats	99.7%	99.8%	99.9%	99.9%	99.8%

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 22 shows that the percentage of Healthy Families Arizona mothers who reported subsequent pregnancies increased slightly to 7.5% in FY 2016 from 7.3% in FY 2015.

Exhibit 22. Percentage of Mothers who Reported Subsequent Pregnancies Fiscal Years 2012 to 2016

	2012	2013	2014	2015	2016
Percent of mothers with subsequent pregnancies	7.9%	7.6%	6.0%	7.3%	7.5%

For mothers in the Healthy Families Arizona program who have a subsequent pregnancy, there is a small percentage of women waiting at least two years. The Healthy People 2020 goal is to reduce the proportion of pregnancies conceived within 18 months of a previous birth down to 29.8%. Exhibit 23 below shows the length of time to subsequent pregnancy for 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. This continues to be an area where the home visitors should stress the health benefits to both the mother and child of adequate birth spacing.

Exhibit 23. Length of Time to Subsequent Pregnancy for Those Families with Subsequent Births for Fiscal Years 2012 to 2016

Length of Time to Subsequent Pregnancy	2012 Percent of Mothers	2013 Percent of Mothers	2014 Percent of Mothers	2015 Percent of Mothers	2016 Percent of Mothers
1 to 12 mos.	59.9%	59.4%	67.7%	55.5%	58.9%
13 to 24 mos.	37.4%	40.1%	31.1%	43.6%	39.3%
Over 24 mos.	2.7%	0.5%	1.2%	0.9%	1.8%



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 24 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 2016, the proportion of mothers enrolled in school either full- or part-time ranged from 9.6% at 24 months to 11.5% at 6 months. This is slightly lower than the percentage range of mothers enrolled in school in FY 2015 (11.7-12.8%) and in FY 2014 (11.2-13.9%).

Exhibit 24. Percent of Mothers Enrolled in School – State Fiscal Year 2016

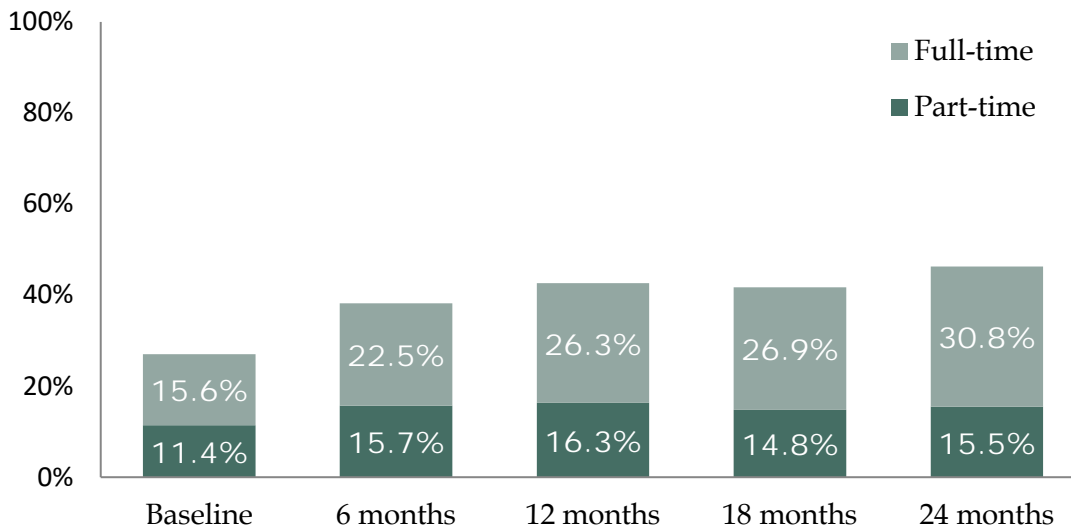
	Percent enrolled part-time (2014)	Percent enrolled full-time (2014)	Percent enrolled part-time (2015)	Percent enrolled full-time (2015)	Percent enrolled part-time (2016)	Percent enrolled full-time (2016)
6 month	5.8%	7.4%	5.3%	7.3%	4.8%	6.8%
12 month	5.4%	8.5%	4.1%	8.7%	3.9%	6.7%
18 month	5.7%	7.6%	6.0%	6.5%	5.3%	5.3%
24 month	4.6%	6.6%	5.1%	6.6%	4.7%	4.9%

Maternal employment shows an increasing rate over time. At 6 months just over 38% of Healthy Families Arizona mothers are successfully employed, nearly 42% at 12 months, and approximately 46% at 24 months. The full-time employment rates for mothers at 6 and 12 increased slightly from 2015 to 2016, while decreasing slightly at 18 and 24 months.

According to Bureau of Labor Statistics data for 2015, 58.3% of mothers with children 1 year of age, and 59.6% of mothers with children 2 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 25. 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 26 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 43% 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 10.5% and continues to drop at 12 months (7.8%). However, these rates are higher than in FY 2015 at 7.5% and 5.6% respectively. This may be partially due to an increase in the number of Healthy Families Arizona families that are also participating in the Substance Exposed Newborn Safe Environment (SENSE) program.



Exhibit 26. Percent Screened and Assessed Positive on the CRAFFT

Time at assessment	Percent Screened	Percent Assessed Positive
2 months (lifetime)	95.9%	42.8%
6 months	93.7%	10.5%
12 months	93.0%	7.8%

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

2016 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 2016.

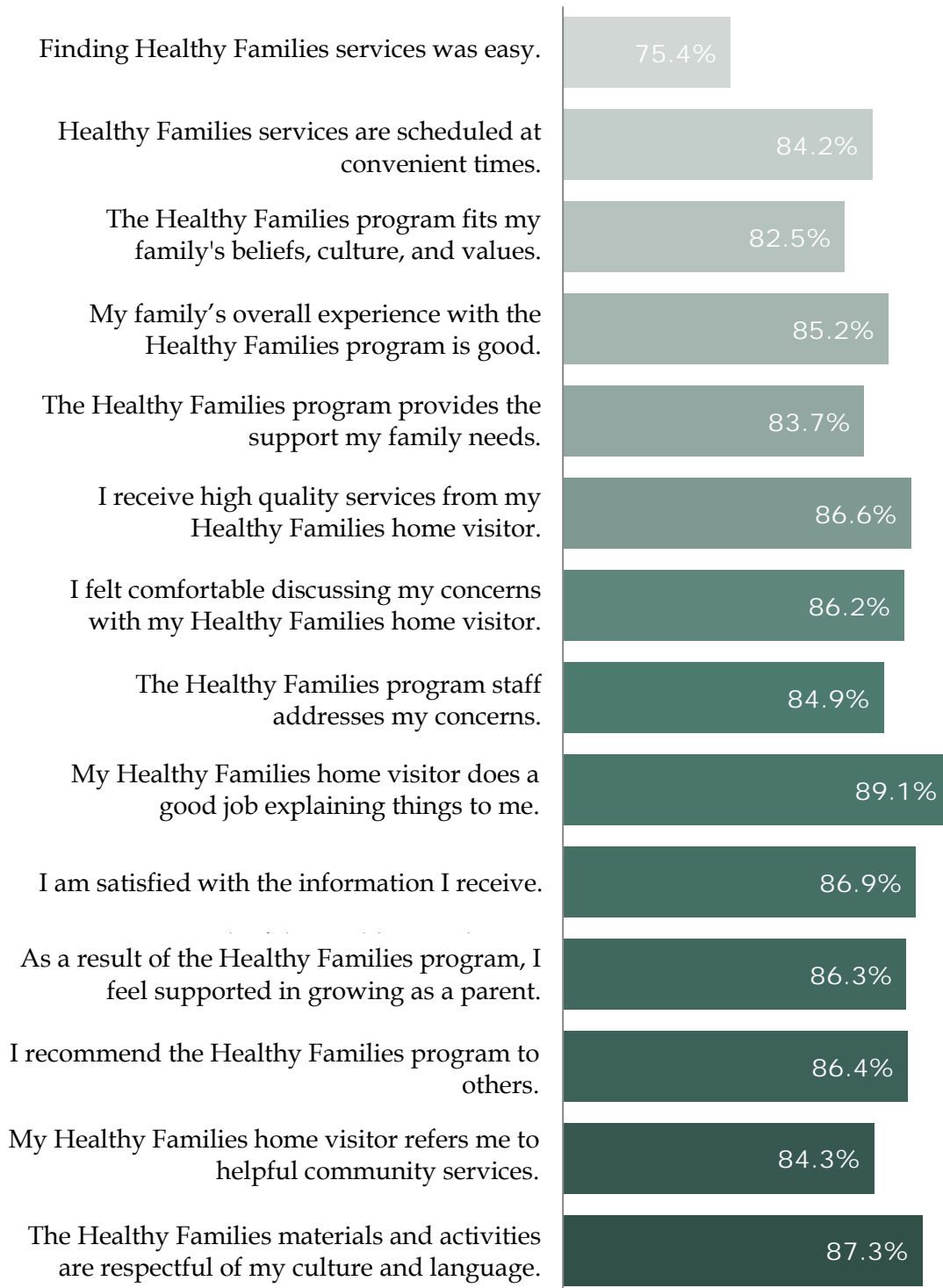
The survey is distributed to all current participants in the program and returned by mail. A total of 2,689 surveys were sent out and 1,875 surveys were returned, for a 69.7% return rate. The ethnic breakdown of these participants was similar to past years and is representative of the populations served by Healthy Families Arizona, with 54% Hispanic, 26% White, 8% American Indian, 4% African American, 5% Two or More Races, 1% Asian, less than 1% Hawaiian/Pacific Islander, and 1% Other.

Exhibit 27 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 (75.4%) 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 and 2015 survey results and indicates a strong satisfaction level with the program.

“I absolutely love this program. I have been a part of it since my oldest son was born. He is now six and I have a two year old boy who is also in the program. We couldn’t be more pleased with the services our FSS provides for our family. She is amazing. Thank you for everything you do for us.”



Exhibit 27. Percent Who Strongly Agreed on Satisfaction Survey Statements FY 2016



Conclusions and Recommendations

The 2016 state fiscal year has been productive for Healthy Families Arizona. 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, and use evidence for program improvement and quality assurance.

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

- **Encourage staff to continue strategies to increase family retention.** This year's statewide one year retention rate is 72.5% which is an increase from last year at 68.6%. However, families not responding to outreach efforts is the reason for one of five closures. Outcomes from the randomized trial of Healthy Families Arizona showed that families that receive more home visits have even better outcomes. The advisory board has expressed interest in helping support the supervisors and teams with increasing family retention. Time commitments are one of the most difficult areas for families, but Healthy Families Arizona home visitors are flexible in their home visitation schedules to provide the best options for families. We encourage supervisors and program managers to work with their staff to determine the best options for retaining families in their teams.
- **Review and update the program logic models and revise data collection forms.** The new Best Practice Standards from Healthy Families America were updated in April 2015. Healthy Families Arizona updated their Policies and Procedures Manual and the data collection forms to meet these new best practice standards by changing wording and adding a few items to the older forms. Healthy Families Arizona can use the updated Policies and Procedure Manual 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. Once the logic model is updated, the data collection forms should also be updated to better fit the needs of the home visitors, the evaluation outcomes, and provide better information for continuous quality improvement.

“To whom it may concern,

My name is Maria and I have been enrolled in Healthy Families for 5 years. These past 5 years have been great for both me and my family. I am very content and satisfied with this program. It has opened new doors for me and my family. I have been exposed to other programs and resources that I would have never known about. The program has helped me grow as a person and become more confident with my surroundings.

My worker is attentive and professional in her work. She helps me with any information I might need that is helpful for me and my family. I feel immensely satisfied with the program. I am thankful to have been a part of Healthy Families and I would recommend this program to any parent.

Thank you for your attention and help. It has been a pleasure for me and my family to have participated in Healthy Families.

*Sincerely,
Maria “*



References

- Ammerman, R.T. (2009) Increasing Retention in Home Visitation Final Report (R40MC06632). U.S. Department of Health and Human Services, Maternal and Child Health Research. Retrieved from: <http://media.mchtraining.net/research/documents/finalreports/ammermanR40mc06632FinalReport.pdf>
- Ammerman, R. T., Putnam, F. W., Bosse, N. R., Teeters, A. R., & Van Ginkel, J. B. (2010). Maternal depression in home visitation: A systematic review. *Aggression and Violent Behavior, 15*, 191–200.
- Anda, RF, Felitti, VJ, Bremner, JD, et al. (2006) The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archive of Psychiatry Clinical Neuroscience. 256*(3):174–186.
- Barlow, A., Varipatis-Baker, E., Speakman, K., Ginsburg, G., Friberg, I., Goklish, N., Cowboy, B., Fields, P., Hastings, R., Pan, W. Reid, R., Santosham, M., & Walkup, J. (2006). Home-visiting intervention to improve child care among American Indian adolescent mothers. *Arch Pediatric Medicine, 160*, 1101-1107.
- Barlow, A., Mullany, B., Neault, N., Compton, S., et al. (2013) Effect of a Paraprofessional Home-Visiting Intervention on American Indian Teen Mothers' and Infants' Behavioral Risks: A Randomized Controlled Trial. *The American Journal of Psychiatry. 170*(1): 83-93.
- Boller, Kimberly, Deborah Daro, Patricia Del Grosso, Russell Cole, Diane Paulsell, Bonnie Hart, Brandon Coffee-Borden, Debra Strong, Heather Zaveri, and Margaret Hargreaves. "Making Replication Work: Building Infrastructure to Implement, Scale-up, and Sustain Evidence-Based Early Childhood Home Visiting Programs with Fidelity." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. June 2014. Contract No.: GS-10F-0050L/ HHSP233201200516G.
- Conron, K. J., Beardslee, W., Koenen, K. C., Buka, S. L., & Gortmaker, S. L. (2009). A longitudinal study of maternal depression and child maltreatment in a national sample of families investigated by child protective services. *Archives of Pediatric and Adolescent Medicine, 63*(10), 922–930.



- Duggan, A., Caldera, D., Rodriguez, K., Burrell, L., & Crowne, S. S. (2007). Impact of a statewide home visiting program to prevent child abuse. *Child Abuse & Neglect*, 31, 801-827.
- Duggan, A., McFarlane, E., Fuddy, L., Burrell, L., Higman, S. M., Windham, A. & Sia, C. (2004). Randomized trial of a statewide home visiting program: Impact in preventing child abuse and neglect. *Child Abuse & Neglect*, 28, 597-622.
- DuMont, K. Kirkland, K., Mitchell-Herzfeld, S., Ehrhard-Dietzel, S., Rodriguez, M. L., Lee, E., & Greene, R. (2011). A randomized trial of Healthy Families New York (HFNY): Does home visiting prevent child maltreatment? Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/232945.pdf>.
- Easterbrooks, M. A., Jacobs, F. H., Bartlett, J. D., Golderg, J., Contreras, M. M., Kotake, C., Raskin, M., & Chaudhuri, J. H. (no date). Initial findings from a randomized, controlled trial of Healthy Families Massachusetts: Early program impacts on young mothers' parenting.
- Fang, X., D. S. Brown, C. S. Florence, and J. A. Mercy. (2012)The Economic Burden of Child Maltreatment in the United States and Implications for Prevention. *Child Abuse and Neglect*, 36: 156-65.
- Fergusson, D.M., Grant, H., Horwood, J., & Ridder, E.M. (2005). Randomized trial of the Early Start Program of Home Visitation. *Pediatrics*, 116(6), 803-809.
- Garner, A.S. (2001) Home visiting and the biology of toxic stress: opportunities to address early childhood adversity. *Pediatrics*, 132(S2): S65-S73.
- Haynes, G. W., Neuman, D., Hook, C., Haynes, D. C., Steeley, J.-M., Kelley, M., Gatterdam, A., Nielson, C. and Paine, M. (2015), Comparing Child and Family Outcomes Between Two Home Visitation Programs. *Family and Consumer Sciences Research Journal*, 43: 209-228.
- Howard, K. S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *Future of Children*, 19(2), 119-146.
- Kahn, J., & Moore, K. A. (2010). What works for home visiting programs: Lessons from experimental evaluations of programs and interventions. (No. #2010-17). Washington, DC: Child Trends.
- LeCroy, C.W., & Davis, M.F. (2016). Randomized Trial of Healthy Families Arizona: Quantitative and Qualitative Outcomes. *Research on Social Work Practice*, 1-11. doi: 10.1177/1049731516632594.



- Lee, E., Mitchell-Herzfeld, S. D., Lowenfels, A. A., Greene, R., Dorabawila, V., & DuMont, K.A. (2009). Reducing low birth weight through home visitation: a randomized controlled trial. *American Journal of Preventive Medicine*, 36(2), 154-160.
- Michalopoulos, C., Lee, H., Duggan, A., Lundquist, E., Tso, A., Crowne, S., Burrell, L., Somers, J., Filene, J., & Knox, V. (2015). The Mother and Infant Home Visiting Program Evaluation: Early Findings on the Maternal, Infant, and Early Childhood Home Visiting Program. OPRE Report 2015-11. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Mitchell-Herzfeld, S., Izzo, C., Greene, R., Lee, E., & Lowenfels, A. (2005). Evaluation of Healthy Families New York (HFNY): First year program impacts. Renselaer, NY: New York State Office of Children & Family Services.
- Nievar, M. A., Van Egeren, L.A., & Pollard, S. (2010). A meta-analysis of home visiting programs: Moderators of improvements in maternal behavior. *Infant Mental Health Journal*, 31(5), 499-520.
- Olds, D. L., Eckenrode, J., Henderson, C., Kitzman, H., Cole, R., Luckey, D.,... Baca, P. (2009). Preventing child abuse and neglect with home visiting by nurses. In K. A. Dodge, & D. L. Coleman (Eds.), *Preventing child maltreatment: Community approaches*. New York: Guilford.
- Peterson, C. A., Roggman, L. A., Green, B., Chazan-Cohen, R., Korfmacher, J., McKelvey, L. ... Atwater, J. B. (2013). Home Visiting Processes: Relations with Family Characteristics and Outcomes. *Zero to Three*, 33(3), 39-44.
- Stevens, J., Ammerman, R.T., Putnam, F.G., & Van Ginkel, J.B. (2002). Depression and trauma history in first-time mothers receiving home visitation. *Journal of Community Psychology*, 30, 551-564.
- Stoltzfus, E., & Lynch, K. (2009). Home visitation for families with young children. Washington, DC: Congressional Research Service.
- The Annie E. Casey Foundation, KIDS COUNT Data Center (2016), The 2016 KIDS COUNT Data Book. Available from <http://www.aecf.org/2016db>
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). Child Maltreatment 2013. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>



Appendix A. Team Level Data

● Age of Child at Entry by Team.....	48
● Days to Program Exit by Team.....	49
● Top Four Reasons for Program Exit by Team	50
● Health Insurance at Intake by Team.....	51
● Late or No Prenatal Care or Poor Compliance at <u>Intake</u> by Team	52
● Race of Mother by Team Prenatal	53
● Race of Mother by Team Postnatal	54
● Hispanic Ethnicity of Mother by Team	55
● Gestational Age by Team	56
● Low Birth Weight by Team.....	57
● Yearly Income by Team	58
● Mother’s Parent Survey Score by Team	59
● Trimester of Enrollment into Prenatal Program by Team	60
● Engaged Prenatal Families that Exited before Baby’s Birth by Team.....	61



Age of Child at Entry by Team- FY 2016

Team	Mean (Age in Days)	Number	Standard Deviation
Team 2	38.52	77	23.17
Team 3	33.76	59	21.33
Team 5	35.48	83	23.51
Team 6	16.26	54	12.30
Team 8	24.68	69	24.07
Team 9	21.73	71	23.58
Team 10	21.21	58	20.22
Team 11	22.67	70	22.86
Team 12	17.64	64	19.73
Team 13	10.67	49	14.48
Team 15	32.54	54	47.50
Team 17	15.56	48	12.99
Team 18	32.73	37	38.47
Team 19	37.53	78	25.46
Team 21	18.29	62	20.57
Team 23	43.96	79	31.57
Team 27	23.65	66	22.13
Team 28	21.61	33	22.93
Team 32	8.40	30	13.42
Team 33	20.95	56	14.61
Team 48	45.41	79	92.78
Team 61	31.60	77	20.26
Team 62	28.87	60	24.00
Team 64	39.75	88	27.06
Team 65	41.59	101	33.81
Team 68	48.53	38	33.92
Team 70	20.61	64	18.74
Team 80	37.87	75	22.96
Team 81	23.26	80	21.82
Team 82	22.00	89	20.87
Team 83	34.26	80	21.05
Team 84	37.67	87	24.70
Team 85	26.77	39	27.97
Team 87	19.91	35	15.14
Team 88	35.10	111	24.80
Team 89	44.69	99	47.71
Team 90	41.5	18	39.05
Team 91	14.85	40	16.76
Team 92	23.67	27	20.07
Total	30.10	2,484	31.70

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



Days to Program Exit by Team - FY 2016
(For families who left the program)

Team	Prenatal				Postnatal			
	Median	Mean	St. Dev.	#	Median	Mean	St. Dev.	#
Team 2	280.00	289.33	178.12	6	266.00	376.00	299.41	25
Team 3	255.00	279.20	153.09	5	308.00	390.38	234.32	24
Team 5	705.00	630.33	410.09	9	222.00	313.68	208.25	31
Team 6	598.50	598.50	43.13	2	538.00	575.88	311.69	17
Team 8	297.00	375.80	261.94	10	518.00	511.15	222.61	27
Team 9	200.50	269.88	180.80	8	264.00	289.22	217.55	27
Team 10	274.00	275.00	71.88	4	268.00	370.40	253.09	15
Team 11	179.50	179.50	45.96	2	183.00	250.41	182.45	17
Team 12	735.50	735.50	188.80	2	340.00	376.55	237.52	20
Team 13	290.00	295.33	77.14	3	253.00	349.21	259.16	14
Team 15	153.00	236.45	268.14	11	358.00	428.50	297.69	16
Team 17	337.50	423.63	259.91	8	223.00	355.69	264.67	13
Team 18	212.00	427.22	419.47	9	283.00	357.29	247.12	14
Team 19	235.50	235.50	72.83	2	326.00	355.67	228.50	30
Team 21	367.50	403.00	96.76	4	317.00	340.90	156.96	31
Team 23	242.00	277.40	217.26	5	294.50	336.33	194.92	24
Team 27	319.50	383.00	161.82	6	290.00	371.00	239.70	30
Team 28	675.00	631.60	310.64	5	326.00	379.44	214.03	9
Team 32	602.50	622.50	90.86	4	574.00	644.00	191.83	3
Team 33	455.00	468.53	219.27	15	337.00	380.48	202.97	25
Team 48	509.00	522.40	305.81	5	325.00	431.52	261.12	19
Team 61	224.00	224.00	-	1	245.00	338.64	213.70	14
Team 62	269.50	283.25	127.02	4	148.00	208.47	208.13	19
Team 64	537.00	482.36	271.85	11	230.50	336.50	249.85	42
Team 65	206.00	355.40	238.58	5	247.50	302.28	203.06	36
Team 68	488.00	542.64	277.71	11	214.00	312.31	211.85	13
Team 70	325.50	328.56	177.13	9	141.00	183.83	106.87	18
Team 80	173.50	198.00	110.25	4	265.50	316.67	214.50	30
Team 81	325.00	328.56	177.13	9	160.50	244.07	176.80	28
Team 82	413.00	407.00	251.61	10	325.00	340.23	185.70	43
Team 83	560.00	583.00	256.03	12	252.00	313.39	193.39	36
Team 84	159.50	143.50	68.98	4	252.00	418.23	293.01	31
Team 85	582.00	605.43	115.64	7	303.50	381.37	265.29	30
Team 87	479.00	438.80	260.68	5	234.00	360.62	285.79	13
Team 88	209.50	292.63	161.92	8	223.00	308.72	220.34	53
Team 89	406.00	358.29	164.12	7	252.50	328.88	232.00	42
Team 90	262.00	249.25	130.79	4	178.00	178.00	-	1
Team 91	251.00	251.00	-	1	263.00	263.18	125.05	11
Team 92	601.00	601.00	-	1	271.00	311.29	205.97	7
Total	339.00	405.23	255.72	237	268.00	345.16	232.83	898

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



Top Four Reasons for Program Exit by Team - FY 2016
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	9.7	3	29.0	9	25.8	8	19.4	6
Team 3	6.9	2	20.7	6	37.9	11	17.2	5
Team 5	15.0	6	37.5	15	17.5	7	17.5	7
Team 6	15.8	3	0.0	0	21.1	4	0.0	0
Team 8	8.1	3	43.2	16	8.1	3	8.1	3
Team 9	11.4	4	20.0	7	28.6	10	2.9	1
Team 10	21.1	4	15.8	3	15.8	3	36.8	7
Team 11	15.8	3	42.1	8	10.5	2	21.1	4
Team 12	36.4	8	0.0	0	18.2	4	22.7	5
Team 13	41.2	7	5.9	1	41.2	7	0.0	0
Team 15	51.9	14	7.4	2	0.0	0	25.9	7
Team 17	33.3	7	9.5	2	14.3	3	19.0	4
Team 18	26.1	6	0.0	0	30.4	7	17.4	4
Team 19	3.1	1	18.6	6	25.0	8	15.6	5
Team 21	31.4	11	11.4	4	20.0	7	28.6	10
Team 23	3.4	1	27.6	8	17.2	5	6.9	2
Team 27	30.6	11	33.3	12	19.4	7	2.8	1
Team 28	42.9	6	14.3	2	28.6	4	0.0	0
Team 32	28.6	2	14.3	1	0.0	0	14.3	1
Team 33	52.5	21	5.0	2	0.0	0	17.5	7
Team 48	16.7	4	8.3	2	12.5	3	20.8	5
Team 61	6.7	1	53.3	8	33.3	5	0.0	0
Team 62	18.2	4	22.7	5	31.8	7	4.5	1
Team 64	11.3	6	7.5	4	28.3	15	18.9	10
Team 65	2.5	1	22.5	9	10.0	4	42.5	17
Team 68	20.8	5	12.5	3	33.3	8	4.2	1
Team 70	46.2	12	3.8	1	30.8	8	15.4	4
Team 80	5.9	2	26.5	9	26.5	9	5.9	2
Team 81	8.1	3	40.5	15	27.0	10	2.7	1
Team 82	15.1	8	39.6	21	11.3	6	11.3	6
Team 83	6.3	3	10.4	5	33.3	16	29.2	14
Team 84	8.6	3	28.6	10	14.3	5	8.6	3
Team 85	0.0	0	35.1	13	8.1	3	2.7	1
Team 87	27.8	5	22.2	4	11.1	2	11.1	2
Team 88	14.8	9	19.7	12	6.6	4	44.3	27
Team 89	12.2	6	16.3	8	36.7	18	14.3	7
Team 90	60.0	3	20.0	1	0.0	0	20.0	1
Team 91	50.0	6	0.0	0	8.3	1	16.7	2
Team 92	12.5	1	12.5	1	37.5	3	12.5	1
Total	18.1	205	20.7	235	20.0	227	16.2	184



Health Insurance at Intake by Team – FY 2016
Percent and number within Team *

Team	PRENATAL						POSTNATAL					
	None		AHCCCS		Private		None		AHCCCS		Private	
	%	n	%	n	%	n	%	n	%	n	%	n
Team 2	5.9	1	94.1	16	0.0	0	2.8	2	80.3	57	16.9	12
Team 3	5.9	1	88.2	15	5.9	1	7.0	4	82.5	47	10.5	6
Team 5	0.0	0	90.9	20	4.5	1	7.6	6	86.1	68	6.3	5
Team 6	5.0	1	90.0	18	0.0	0	1.9	1	92.5	49	5.7	3
Team 8	0.0	0	90.5	19	4.8	1	4.5	3	76.1	51	19.4	13
Team 9	0.0	0	87.5	14	12.5	2	0.0	0	74.6	50	23.9	16
Team 10	5.0	1	80.0	16	10.0	2	5.4	3	75.0	42	19.6	11
Team 11	0.0	0	50.0	3	50.0	3	0.0	0	77.3	51	22.7	15
Team 12	0.0	0	62.5	5	37.5	3	1.6	1	72.1	44	23.0	14
Team 13	0.0	0	96.7	29	3.3	1	8.3	4	87.5	42	4.2	2
Team 15	7.4	2	92.6	25	0.0	0	0.0	0	82.7	43	15.4	8
Team 17	0.0	0	92.9	13	7.1	1	0.0	0	87.2	41	12.8	6
Team 18	7.7	2	84.6	22	7.7	2	0.0	0	75.0	27	25.0	9
Team 19	12.5	2	87.5	14	0.0	0	9.3	7	72.0	54	18.7	14
Team 21	12.5	1	62.5	5	25.0	2	1.8	1	80.7	46	17.5	10
Team 23	5.3	1	78.9	15	15.8	3	7.8	6	77.9	60	13.0	10
Team 27	0.0	0	90.0	9	10.0	1	1.6	1	82.8	53	14.1	9
Team 28	10.0	1	40.0	4	50.0	5	0.0	0	69.7	23	30.3	10
Team 32	7.1	1	78.6	11	0.0	0	3.3	1	90.0	27	3.3	1
Team 33	2.1	1	93.6	44	4.3	2	3.6	2	80.4	45	16.1	9
Team 48	14.3	2	85.7	12	0.0	0	16.5	13	67.1	53	16.5	13
Team 61	18.2	2	81.8	9	0.0	0	8.2	6	86.3	63	5.5	4
Team 62	6.7	1	86.7	13	0.0	0	6.9	4	74.1	43	17.2	10
Team 64	12.0	3	80.0	20	8.0	1	9.8	8	85.4	70	4.9	4
Team 65	11.1	2	77.8	14	11.1	2	12.0	12	78.0	78	10.0	10
Team 68	11.1	2	83.3	15	5.6	1	13.5	5	81.1	30	5.4	2
Team 70	4.5	1	95.5	21	0.0	0	3.2	2	87.3	55	9.5	6
Team 80	18.8	3	81.3	13	0.0	0	13.3	10	81.3	61	4.0	3
Team 81	14.3	3	76.2	16	9.5	2	2.7	2	74.7	56	22.7	17
Team 82	4.3	1	82.6	19	13.0	3	6.0	5	82.1	69	10.7	9
Team 83	5.9	1	94.1	16	0.0	0	5.0	4	90.0	72	5.0	4
Team 84	0.0	0	100	12	0.0	0	10.3	9	82.8	72	6.9	6
Team 85	25.0	2	62.5	5	12.5	1	7.9	3	68.4	26	23.7	9
Team 87	0.0	0	93.3	14	6.7	1	11.4	4	82.9	29	0.0	0
Team 88	6.3	1	81.3	13	12.5	2	11.7	13	81.1	90	7.2	8
Team 89	0.0	0	94.1	16	5.9	1	11.1	11	84.8	84	4.0	4
Team 90	0.0	0	70.0	7	20.0	0	0.0	0	88.9	16	11.1	2
Team 91	0.0	0	100	9	0.0	0	7.5	3	70.0	28	22.5	9
Team 92	0.0	0	53.3	8	46.7	7	0.0	0	69.2	18	30.8	8
Total	5.8	39	84.9	569	8.1	54	6.5	156	80.1	1,933	12.9	311

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



Late or No Prenatal Care or Poor Compliance at Intake - FY 2016 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	47.1% (8)	52.9% (9)	0.0% (0)	31.9% (23)	68.1% (49)	0.0% (0)
Team 3	29.4% (5)	70.6% (12)	0.0% (0)	39.3% (22)	60.7% (34)	0.0% (0)
Team 5	27.3% (6)	72.7% (16)	0.0% (0)	31.6% (25)	67.1% (53)	1.3% (1)
Team 6	30.0% (6)	70.0% (14)	0.0% (0)	45.3% (24)	54.7% (29)	0.0% (0)
Team 8	33.3% (7)	66.7% (14)	0.0% (0)	32.4% (22)	67.6% (46)	0.0% (0)
Team 9	6.3% (1)	93.8% (15)	0.0% (0)	25.0% (17)	73.5% (50)	1.5% (1)
Team 10	35.0% (7)	65.0% (13)	0.0% (0)	21.4% (12)	78.6% (44)	0.0% (0)
Team 11	33.3% (2)	66.7% (4)	0.0% (0)	36.4% (24)	62.1% (41)	1.5% (1)
Team 12	11.1% (1)	88.9% (8)	0.0% (0)	43.5% (27)	54.8% (34)	1.6% (1)
Team 13	25.8% (8)	74.2% (23)	0.0% (0)	32.6% (15)	65.2% (30)	2.2% (1)
Team 15	25.9% (7)	74.1% (20)	0.0% (0)	32.7% (17)	67.3% (35)	0.0% (0)
Team 17	14.3% (2)	85.7% (12)	0.0% (0)	14.9% (7)	83.0% (39)	2.1% (1)
Team 18	19.2% (5)	80.8% (21)	0.0% (0)	19.4% (7)	80.6% (29)	0.0% (0)
Team 19	25.0% (4)	75.0% (12)	0.0% (0)	33.3% (25)	65.3% (49)	1.3% (1)
Team 21	0.0% (0)	85.7% (6)	14.3% (1)	52.5% (31)	39.0% (23)	8.5% (5)
Team 23	21.1% (4)	78.9% (15)	0.0% (0)	40.3% (31)	59.7% (46)	0.0% (0)
Team 27	18.2% (2)	81.8% (9)	0.0% (0)	18.5% (12)	80.0% (52)	1.5% (1)
Team 28	30.0% (3)	70.0% (7)	0.0% (0)	39.4% (13)	60.6% (20)	0.0% (0)
Team 32	28.6% (4)	71.4% (10)	0.0% (0)	40.0% (12)	60.0% (18)	0.0% (0)
Team 33	27.7% (13)	70.2% (33)	2.1% (1)	37.5% (21)	62.5% (35)	0.0% (0)
Team 48	35.7% (5)	64.3% (9)	0.0% (0)	35.4% (28)	64.6% (51)	0.0% (0)
Team 61	27.3% (3)	72.7% (8)	0.0% (0)	35.1% (26)	64.9% (48)	0.0% (0)
Team 62	53.3% (8)	46.7% (7)	0.0% (0)	37.3% (22)	62.7% (37)	0.0% (0)
Team 64	32.0% (8)	68.0% (17)	0.0% (0)	35.4% (29)	64.6% (53)	0.0% (0)
Team 65	61.1% (11)	38.9% (7)	0.0% (0)	36.6% (37)	63.4% (64)	0.0% (0)
Team 68	38.9% (7)	55.6% (10)	5.6% (1)	40.5% (15)	59.5% (22)	0.0% (0)
Team 70	27.3% (6)	72.7% (16)	0.0% (0)	31.7% (20)	68.3% (43)	0.0% (0)
Team 80	12.5% (2)	87.5% (14)	0.0% (0)	46.7% (35)	53.3% (40)	0.0% (0)
Team 81	38.1% (8)	57.1% (12)	4.8% (1)	35.9% (28)	61.5% (48)	2.6% (2)
Team 82	26.1% (6)	73.9% (17)	0.0% (0)	33.3% (29)	63.2% (55)	3.4% (3)
Team 83	23.5% (4)	76.5% (13)	0.0% (0)	37.5% (30)	62.5% (50)	0.0% (0)
Team 84	8.3% (1)	91.7% (11)	0.0% (0)	38.4% (33)	61.6% (53)	0.0% (0)
Team 85	37.5% (3)	62.5% (5)	0.0% (0)	23.7% (9)	76.3% (29)	0.0% (0)
Team 87	13.3% (2)	73.3% (11)	13.3% (2)	28.6% (10)	62.9% (22)	8.6% (3)
Team 88	31.3% (5)	68.8% (11)	0.0% (0)	48.2% (53)	51.8% (57)	0.0% (0)
Team 89	35.3% (6)	64.7% (11)	0.0% (0)	32.7% (32)	67.3% (66)	0.0% (0)
Team 90	27.3% (3)	72.7% (8)	0.0% (0)	11.1% (2)	88.9% (16)	0.0% (0)
Team 91	11.1% (1)	77.8% (7)	11.1% (1)	12.5% (5)	82.5% (33)	5.0% (2)
Team 92	0.0% (0)	100% (14)	0.0% (0)	36.0% (9)	60.0% (15)	4.0% (1)
Total	27.4% (184)	71.6% (481)	1.0% (7)	34.7% (839)	64.4% (1,558)	1.0% (24)



Race of Mother by Site PRENATAL - FY 2016

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	62.5	10	31.3	5	0.0	0	6.3	1	0.0	0
Team 3	70.6	12	17.6	3	5.9	1	5.9	1	0.0	0
Team 5	72.7	16	18.2	4	0.0	0	0.0	0	9.1	2
Team 6	100	20	0.0	0	0.0	0	0.0	0	0.0	0
Team 8	85.7	18	4.8	1	0.0	0	9.5	2	0.0	0
Team 9	73.3	11	6.7	1	0.0	0	6.7	1	13.3	2
Team 10	75.0	15	5.0	1	5.0	1	5.0	1	10.0	2
Team 11	83.3	5	16.7	1	0.0	0	0.0	0	0.0	0
Team 12	88.9	8	0.0	0	0.0	0	0.0	0	11.1	1
Team 13	3.2	1	0.0	0	0.0	0	93.5	29	3.2	1
Team 15	85.2	23	0.0	0	0.0	0	0.0	0	14.8	4
Team 17	85.7	12	0.0	0	7.1	1	0.0	0	7.1	1
Team 18	42.3	11	7.7	2	0.0	0	46.2	12	3.8	1
Team 19	56.3	9	6.3	1	6.3	1	18.8	3	12.5	2
Team 21	75.0	6	0.0	0	0.0	0	0.0	0	25.0	2
Team 23	89.5	17	0.0	0	0.0	0	5.3	1	5.3	1
Team 27	100	11	0.0	0	0.0	0	0.0	0	0.0	0
Team 28	90.0	9	0.0	0	0.0	0	10.0	1	0.0	0
Team 32	14.3	2	0.0	0	0.0	0	78.6	11	7.1	1
Team 33	78.7	37	0.0	0	2.1	1	4.3	2	14.9	7
Team 48	92.9	13	0.0	0	0.0	0	0.0	0	7.1	1
Team 61	72.7	8	0.0	0	0.0	0	9.1	1	18.2	2
Team 62	80.0	12	20.0	3	0.0	0	0.0	0	0.0	0
Team 64	84.0	21	4.0	1	0.0	0	4.0	1	8.0	2
Team 65	77.8	14	16.7	3	0.0	0	0.0	0	5.6	1
Team 68	72.2	13	11.1	2	0.0	0	11.1	2	5.6	1
Team 70	76.2	16	9.5	2	0.0	0	0.0	0	14.3	3
Team 80	93.8	15	0.0	0	0.0	0	0.0	0	6.3	1
Team 81	81.0	17	9.5	2	0.0	0	4.8	1	4.8	1
Team 82	77.3	17	4.5	1	0.0	0	9.1	2	9.1	2
Team 83	82.4	14	11.8	2	0.0	0	0.0	0	5.9	1
Team 84	81.8	9	9.1	1	0.0	0	0.0	0	9.1	1
Team 85	87.5	7	0.0	0	0.0	0	0.0	0	12.5	1
Team 87	93.3	14	0.0	0	0.0	0	0.0	0	6.7	1
Team 88	68.8	11	25.0	4	0.0	0	6.3	1	0.0	0
Team 89	76.5	13	11.8	2	0.0	0	5.9	1	5.9	1
Team 90	27.3	3	0.0	0	0.0	0	54.5	6	18.2	2
Team 91	77.8	7	0.0	0	0.0	0	22.2	2	0.0	0
Team 92	100	15	0.0	0	0.0	0	0.0	0	0.0	0
Total	73.5	492	6.3	42	0.7	5	12.3	82	7.2	48



Race of Mother by Site POSTNATAL - FY 2016

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
	Team 2	85.9	61	7.0	5	0.0	0	4.2	3	2.8
Team 3	82.1	46	14.3	8	1.8	1	0.0	0	1.8	1
Team 5	83.5	66	7.6	6	0.0	0	5.1	4	3.8	3
Team 6	98.1	52	0.0	0	0.0	0	1.9	1	0.0	0
Team 8	88.2	60	2.9	2	2.9	2	2.9	2	2.9	2
Team 9	71.6	48	7.5	5	1.5	1	7.5	5	11.9	8
Team 10	82.1	46	5.4	3	3.6	2	1.8	1	7.1	4
Team 11	82.1	55	7.5	5	1.5	1	3.0	2	6.0	4
Team 12	71.0	44	4.8	3	0.0	0	1.6	1	22.6	14
Team 13	2.1	1	0.0	0	0.0	0	97.9	47	0.0	0
Team 15	76.9	40	0.0	0	0.0	0	0.0	0	23.1	12
Team 17	91.3	42	2.2	1	0.0	0	2.2	1	4.3	2
Team 18	58.3	21	0.0	0	0.0	0	33.3	12	8.3	3
Team 19	83.8	62	5.4	4	2.7	2	1.4	1	6.8	5
Team 21	81.7	49	1.7	1	0.0	0	3.3	2	13.3	8
Team 23	88.3	68	7.8	6	0.0	0	2.6	2	1.3	1
Team 27	76.6	49	10.9	7	1.6	1	4.7	3	6.3	4
Team 28	84.8	28	0.0	0	3.0	1	9.1	3	3.0	1
Team 32	6.7	2	0.0	0	3.3	1	80.0	24	10.0	3
Team 33	70.6	36	2.0	1	0.0	0	0.0	0	27.5	14
Team 48	87.3	69	6.3	5	2.5	2	0.0	0	3.8	3
Team 61	78.1	57	15.1	11	1.4	1	1.4	1	4.1	3
Team 62	71.2	42	15.3	9	3.4	2	5.1	3	5.1	3
Team 64	88.8	71	7.5	6	0.0	0	0.0	0	3.8	3
Team 65	85.0	85	11.0	11	2.0	2	0.0	0	2.0	2
Team 68	86.5	32	2.7	1	2.7	1	0.0	0	8.1	3
Team 70	66.7	42	0.0	0	0.0	0	1.6	1	31.7	20
Team 80	85.1	63	4.1	3	0.0	0	2.7	2	8.1	6
Team 81	80.5	62	5.2	4	6.5	5	2.6	2	5.2	4
Team 82	85.7	72	4.8	4	2.4	2	2.4	2	4.8	4
Team 83	91.1	72	6.3	5	0.0	0	0.0	0	2.5	2
Team 84	83.9	73	11.5	10	1.1	1	0.0	0	3.4	3
Team 85	78.9	30	10.5	4	0.0	0	7.9	3	2.6	1
Team 87	90.9	30	0.0	0	0.0	0	3.0	1	6.1	2
Team 88	78.2	86	10.9	12	0.0	0	6.4	7	4.5	4
Team 89	84.8	8	10.1	10	1.0	1	1.0	1	3.0	3
Team 90	22.2	4	0.0	0	0.0	0	61.1	11	16.7	3
Team 91	76.9	30	0.0	0	2.6	1	17.9	7	2.6	1
Team 92	92.3	24	0.0	0	0.0	0	3.8	1	3.8	1
Total	79.2	1,904	6.3	152	1.2	30	6.5	156	6.8	163



Hispanic Ethnicity of Mother by Team- FY 2016

Team	Percent Hispanic Prenatal	Percent Hispanic Postnatal	Percent Hispanic Total
Team 2	23.5	68.1	59.6
Team 3	35.3	56.1	51.4
Team 5	54.5	56.3	55.9
Team 6	100	96.2	97.3
Team 8	71.4	75.0	74.2
Team 9	62.5	51.5	53.6
Team 10	75.0	73.2	73.7
Team 11	66.7	56.7	57.5
Team 12	33.3	29.0	29.6
Team 13	3.2	4.2	3.8
Team 15	92.6	90.4	91.1
Team 17	35.7	34.0	34.4
Team 18	38.5	30.6	33.9
Team 19	50.0	52.0	51.6
Team 21	37.5	28.3	29.4
Team 23	57.9	62.3	61.5
Team 27	63.6	49.2	51.3
Team 28	30.0	39.4	37.2
Team 32	21.4	20.0	20.5
Team 33	17.0	28.6	23.3
Team 48	85.7	74.7	76.3
Team 61	54.5	59.5	58.8
Team 62	60.0	59.3	59.5
Team 64	60.0	54.9	56.1
Team 65	55.6	58.4	58.0
Team 68	38.9	40.5	40.0
Team 70	90.9	87.3	88.2
Team 80	81.3	66.7	69.2
Team 81	76.2	61.5	64.6
Team 82	65.2	49.4	52.7
Team 83	70.6	78.8	77.3
Team 84	50.0	52.9	52.5
Team 85	75.0	39.5	45.7
Team 87	66.7	68.6	68.0
Team 88	62.5	70.3	69.3
Team 89	47.1	40.4	41.4
Team 90	27.3	27.8	27.6
Team 91	55.6	25.0	30.6
Team 92	40.0	69.2	58.5
Total	53.7	55.9	55.4



Gestational Age by Team - FY 2016
(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	72.2	13	27.8	5	75.3	58	24.7	19
Team 3	69.2	9	30.8	4	88.1	52	11.9	7
Team 5	77.3	17	22.7	5	74.4	61	25.6	21
Team 6	93.3	14	6.7	1	88.9	48	11.1	6
Team 8	68.4	13	31.6	6	88.4	61	11.6	8
Team 9	91.7	11	8.3	1	90.1	64	9.9	7
Team 10	86.7	13	13.3	2	86.2	50	13.8	8
Team 11	75.0	3	25.0	1	87.1	61	12.9	9
Team 12	100	7	0.0	0	83.3	50	16.7	10
Team 13	100	13	0.0	0	89.8	44	10.2	5
Team 15	93.3	14	6.7	1	81.5	44	18.5	10
Team 17	100	9	0.0	0	87.5	42	12.5	6
Team 18	91.7	22	8.3	2	91.9	34	8.1	3
Team 19	78.6	11	21.4	3	83.3	65	16.7	13
Team 21	71.4	5	28.6	2	90.0	54	10.0	6
Team 23	52.6	10	47.4	9	75.3	58	24.7	19
Team 27	72.7	8	27.3	3	81.8	54	18.2	12
Team 28	85.7	6	14.3	1	87.9	29	12.1	4
Team 32	100	12	0.0	0	89.7	26	10.3	3
Team 33	94.4	34	5.6	2	89.3	50	10.7	6
Team 48	92.3	12	7.7	1	87.3	69	12.7	10
Team 61	81.8	9	18.2	2	84.4	65	15.6	12
Team 62	92.3	12	7.7	1	85.0	51	15.0	9
Team 64	85.7	18	14.3	3	78.4	69	21.6	19
Team 65	92.9	13	7.1	1	83.0	83	17.0	17
Team 68	82.4	14	17.6	3	83.8	31	16.2	6
Team 70	93.8	15	6.3	1	91.9	57	8.1	5
Team 80	92.3	12	7.7	1	81.3	61	18.7	4
Team 81	84.2	16	15.8	3	82.3	65	17.7	14
Team 82	77.8	7	22.2	2	86.2	75	13.8	12
Team 83	73.3	11	26.7	4	88.6	70	11.4	9
Team 84	100	10	0.0	0	88.5	77	11.5	10
Team 85	87.5	7	12.5	1	79.5	31	20.5	8
Team 87	100	14	0.0	0	96.9	31	3.1	3
Team 88	100	12	0.0	0	84.5	93	15.5	17
Team 89	85.7	12	14.3	2	82.8	82	17.2	17
Team 90	100	8	0.0	0	94.4	17	5.6	1
Team 91	100	8	0.0	0	97.4	38	2.6	1
Team 92	100	10	0.0	0	92.6	25	7.4	2
Total	86.4	464	13.6	73	85.1	2,095	14.9	366



Low Birth Weight by Team - FY 2016 (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	76.5	13	23.5	4	77.6	59	22.4	17
Team 3	84.6	11	15.4	2	83.1	49	16.9	10
Team 5	80.0	16	20.0	4	76.8	63	23.2	19
Team 6	100	13	0.0	0	94.4	51	5.6	3
Team 8	78.9	15	21.1	4	89.6	60	10.4	7
Team 9	90.0	9	10.0	1	92.9	65	7.1	5
Team 10	87.5	14	12.5	2	86.2	50	13.8	8
Team 11	50.0	1	50.0	1	83.8	57	16.2	11
Team 12	100	6	0.0	0	86.9	53	13.1	8
Team 13	94.4	17	5.6	1	91.7	44	8.3	4
Team 15	100	14	0.0	0	81.6	40	18.4	9
Team 17	90.9	10	9.1	1	91.7	44	8.3	4
Team 18	90.5	19	9.5	2	91.9	34	8.1	3
Team 19	100	12	0.0	0	86.5	64	13.5	10
Team 21	66.7	4	33.3	2	96.7	58	3.3	2
Team 23	61.1	11	38.9	7	76.3	58	23.7	18
Team 27	90.0	9	10.0	1	79.4	50	20.6	13
Team 28	100	7	0.0	0	100	33	0.0	0
Team 32	100	12	0.0	0	93.3	28	6.7	2
Team 33	94.3	33	5.7	2	90.7	49	9.3	5
Team 48	100	12	0.0	0	89.5	68	10.5	8
Team 61	100	7	0.0	0	90.8	69	9.2	7
Team 62	91.7	11	8.3	1	85.0	51	15.0	9
Team 64	90.5	19	9.5	2	85.1	74	14.9	13
Team 65	92.9	13	7.1	1	88.9	88	11.1	11
Team 68	80.0	12	20.0	3	86.8	33	13.2	5
Team 70	94.7	18	5.3	1	95.0	57	5.0	3
Team 80	91.7	11	8.3	1	87.3	62	12.7	9
Team 81	94.1	16	5.9	1	85.5	65	14.5	11
Team 82	80.0	8	20.0	2	94.3	82	5.7	5
Team 83	70.0	7	30.0	3	88.2	67	11.8	9
Team 84	88.9	8	11.1	1	94.0	78	6.0	5
Team 85	100	6	0.0	0	76.9	30	23.1	9
Team 87	100	10	0.0	0	97.1	34	2.9	1
Team 88	100	11	0.0	0	88.2	97	11.8	13
Team 89	100	10	0.0	0	86.5	83	13.5	13
Team 90	87.5	7	12.5	1	94.4	17	5.6	1
Team 91	100	8	0.0	0	97.5	39	2.5	1
Team 92	90.9	10	9.1	1	95.8	23	4.2	1
Total	89.6	450	10.4	52	87.9	2,126	12.1	292



Yearly Income by Team - FY 2016

Team	PRENATAL		POSTNATAL	
	Median Yearly Income	Number	Median Yearly Income	Number
Team 2	12,000	17	11,980	72
Team 3	7,632	17	8,652	57
Team 5	9,600	22	12,000	79
Team 6	13,180	20	8,652	53
Team 8	10,400	21	14,400	68
Team 9	0	16	16,800	68
Team 10	15,000	20	12,000	56
Team 11	800	6	13,200	67
Team 12	30,000	9	16,900	62
Team 13	3,600	31	6,000	48
Team 15	3,984	27	10,300	52
Team 17	16,800	14	19,200	47
Team 18	12,540	26	14,400	36
Team 19	8,520	16	14,400	75
Team 21	1,800	8	4,200	60
Team 23	12,000	19	14,400	77
Team 27	1,920	11	14,400	65
Team 28	27,500	10	26,400	33
Team 32	6,000	14	9,300	30
Team 33	14,400	47	12,000	56
Team 48	24,800	14	18,000	79
Team 61	9,600	11	11,910	74
Team 62	10,440	15	18,000	59
Team 64	9,036	25	12,000	82
Team 65	7,200	18	14,400	101
Team 68	3,180	18	12,000	37
Team 70	9,600	22	12,480	63
Team 80	8,460	16	8,520	75
Team 81	15,600	21	14,400	78
Team 82	15,600	23	10,000	87
Team 83	9,600	17	13,830	80
Team 84	12,420	12	14,400	87
Team 85	24,200	8	17,630	38
Team 87	12,000	15	14,400	35
Team 88	13,800	16	8,772	111
Team 89	14,400	17	12,000	99
Team 90	0	11	7,860	18
Team 91	13,200	9	20,880	40
Team 92	30,000	15	16,500	26
Total	10,402	674	12,030	2,430



Mother's Parent Survey Score by Team - FY 2016

Team	PRENATAL				POSTNATAL			
	0 - 20	25 - 40	45 - 65	70+	0 - 20	25 - 40	45 - 65	70+
Team 2	0.0%	29.4%	58.8%	11.8%	0.0%	18.1%	62.5%	19.4%
Team 3	0.0%	23.5%	52.9%	23.5%	3.5%	15.8%	64.9%	15.8%
Team 5	0.0%	36.4%	50.0%	13.6%	1.3%	17.5%	72.5%	8.8%
Team 6	15.0%	85.0%	0.0%	0.0%	11.3%	77.4%	11.3%	0.0%
Team 8	4.8%	28.6%	66.7%	0.0%	11.8%	52.9%	30.9%	4.4%
Team 9	0.0%	18.8%	68.8%	12.5%	1.5%	45.6%	45.6%	7.4%
Team 10	5.0%	45.0%	35.0%	15.0%	5.4%	48.2%	44.6%	1.8%
Team 11	0.0%	33.3%	66.7%	0.0%	1.5%	55.2%	37.3%	6.0%
Team 12	0.0%	66.7%	33.3%	0.0%	6.5%	56.5%	37.1%	0.0%
Team 13	0.0%	64.5%	35.5%	0.0%	0.0%	85.4%	14.6%	0.0%
Team 15	3.7%	51.9%	44.4%	0.0%	1.9%	75.0%	21.2%	1.9%
Team 17	0.0%	57.1%	42.9%	0.0%	0.0%	72.3%	27.7%	0.0%
Team 18	0.0%	65.4%	34.6%	0.0%	11.1%	61.1%	25.0%	2.8%
Team 19	0.0%	25.0%	68.8%	6.3%	2.7%	24.0%	53.3%	20.0%
Team 21	0.0%	50.0%	50.0%	0.0%	1.7%	45.0%	48.3%	5.0%
Team 23	5.3%	21.1%	57.9%	15.8%	0.0%	23.4%	53.2%	23.4%
Team 27	0.0%	45.5%	54.5%	0.0%	3.1%	43.1%	49.2%	4.6%
Team 28	0.0%	60.0%	40.0%	0.0%	3.0%	60.6%	30.3%	6.1%
Team 32	0.0%	21.4%	71.4%	7.1%	3.4%	44.8%	41.4%	10.3%
Team 33	4.3%	23.9%	65.2%	6.5%	1.8%	42.9%	55.4%	0.0%
Team 48	0.0%	50.0%	28.6%	21.4%	0.0%	26.6%	62.0%	11.4%
Team 61	0.0%	27.3%	72.7%	0.0%	1.4%	31.1%	51.4%	16.2%
Team 62	0.0%	26.7%	46.7%	26.7%	5.1%	27.1%	49.2%	18.6%
Team 64	0.0%	25.0%	70.8%	4.2%	0.0%	22.2%	60.5%	17.3%
Team 65	0.0%	55.6%	38.9%	5.6%	0.0%	23.8%	63.4%	12.9%
Team 68	0.0%	22.2%	72.2%	5.6%	0.0%	21.6%	56.8%	21.6%
Team 70	9.1%	59.1%	27.3%	4.5%	11.1%	55.6%	31.7%	1.6%
Team 80	0.0%	25.0%	56.3%	18.8%	0.0%	29.3%	53.3%	17.3%
Team 81	0.0%	28.6%	66.7%	4.8%	5.1%	43.6%	48.7%	2.6%
Team 82	4.3%	39.1%	47.8%	8.7%	1.1%	48.3%	44.8%	5.7%
Team 83	0.0%	11.8%	82.4%	5.9%	0.0%	26.3%	61.3%	12.5%
Team 84	0.0%	33.3%	58.3%	8.3%	1.1%	19.5%	63.2%	16.1%
Team 85	0.0%	37.5%	62.5%	0.0%	2.6%	47.4%	47.4%	2.6%
Team 87	6.7%	73.3%	20.0%	0.0%	2.9%	68.6%	28.6%	0.0%
Team 88	0.0%	31.3%	37.5%	31.3%	1.8%	34.2%	41.4%	22.5%
Team 89	0.0%	35.3%	64.7%	0.0%	0.0%	17.2%	66.7%	16.2%
Team 90	0.0%	27.3%	45.5%	27.3%	5.6%	38.9%	50.0%	5.6%
Team 91	0.0%	55.6%	44.4%	0.0%	2.5%	60.0%	37.5%	0.0%
Team 92	13.3%	46.7%	40.0%	0.0%	7.7%	69.2%	23.1%	0.0%
Total	2.2%	39.9%	50.6%	7.3%	2.6%	39.3%	48.0%	10.0%



Trimester of Enrollment into Prenatal Program by Team - FY 2016

Team	1 st Trimester		2 nd Trimester		3 rd Trimester		Other / Unknown		Total
	#	%	#	%	#	%	#	%	#
Team 2	0	0.0	6	35.3	11	64.7	0	0.0	17
Team 3	3	17.6	8	47.1	6	35.3	0	0.0	17
Team 5	1	4.5	9	40.9	12	54.5	0	0.0	22
Team 6	3	15.0	7	35.0	10	50.0	0	0.0	20
Team 8	3	14.3	6	28.6	12	57.1	0	0.0	21
Team 9	3	18.8	5	31.3	7	43.8	1	6.3	16
Team 10	1	5.0	10	50.0	9	45.0	0	0.0	20
Team 11	0	0.0	2	33.3	3	50.0	1	16.7	6
Team 12	4	44.4	1	11.1	4	44.4	0	0.0	9
Team 13	6	19.4	15	48.4	9	29.0	1	3.2	31
Team 15	4	14.8	10	37.0	13	48.1	0	0.0	27
Team 17	1	7.1	5	35.7	8	57.1	0	0.0	14
Team 18	4	15.4	7	26.9	15	57.7	0	0.0	26
Team 19	0	0.0	7	43.8	9	56.3	0	0.0	16
Team 21	0	0.0	4	50.0	4	50.0	0	0.0	8
Team 23	2	10.5	5	26.3	12	63.2	0	0.0	19
Team 27	2	18.2	7	63.6	2	18.2	0	0.0	11
Team 28	3	30.0	1	10.0	6	60.0	0	0.0	10
Team 32	3	21.4	6	42.9	5	35.7	0	0.0	14
Team 33	10	21.3	20	42.6	16	34.0	1	2.1	47
Team 48	4	28.6	3	21.4	5	35.7	2	14.3	14
Team 61	2	18.2	4	36.4	5	45.5	0	0.0	11
Team 62	1	6.7	7	46.7	7	46.7	0	0.0	15
Team 64	1	4.0	8	32.0	16	64.0	0	0.0	25
Team 65	3	16.7	6	33.3	8	44.4	1	5.6	18
Team 68	2	11.1	7	38.9	9	50.0	0	0.0	18
Team 70	0	0.0	8	36.4	14	63.6	0	0.0	22
Team 80	3	18.8	7	43.8	6	37.5	0	0.0	16
Team 81	4	19.0	10	47.6	7	33.3	0	0.0	21
Team 82	6	26.1	9	39.1	7	30.4	1	4.3	23
Team 83	3	17.6	6	35.3	8	47.1	0	0.0	17
Team 84	0	0.0	8	66.7	4	33.3	0	0.0	12
Team 85	0	0.0	4	50.0	4	50.0	0	0.0	8
Team 87	0	0.0	5	33.3	10	66.7	0	0.0	15
Team 88	1	6.3	7	43.8	8	50.0	0	0.0	16
Team 89	2	11.8	5	29.4	10	58.8	0	0.0	17
Team 90	1	9.1	0	0.0	9	81.8	1	9.1	11
Team 91	0	0.0	3	33.3	6	66.7	0	0.0	9
Team 92	2	13.3	9	60.0	4	26.7	0	0.0	15
Total	88	13.1	257	38.1	320	47.5	9	1.3	674



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

Team	Total Families	# Closed Before birth	% Closed Before birth
Team 2	17	0	0.0
Team 3	17	0	0.0
Team 5	22	0	0.0
Team 6	20	0	0.0
Team 8	21	1	4.8
Team 9	16	0	0.0
Team 10	20	0	0.0
Team 11	6	0	0.0
Team 12	9	0	0.0
Team 13	31	0	0.0
Team 15	27	2	7.4
Team 17	14	1	7.1
Team 18	26	1	3.8
Team 19	16	0	0.0
Team 21	8	0	0.0
Team 23	19	1	5.3
Team 27	11	0	0.0
Team 28	10	0	0.0
Team 32	14	0	0.0
Team 33	47	1	2.1
Team 48	14	0	0.0
Team 61	11	0	0.0
Team 62	15	0	0.0
Team 64	25	2	8.0
Team 65	18	0	0.0
Team 68	18	1	5.6
Team 70	22	0	0.0
Team 80	16	1	6.3
Team 81	21	1	4.8
Team 82	23	1	4.3
Team 83	17	0	0.0
Team 84	12	0	0.0
Team 85	8	0	0.0
Team 87	15	0	0.0
Team 88	16	1	6.3
Team 89	17	0	0.0
Team 90	11	0	0.0
Team 91	9	0	0.0
Team 92	15	0	0.0
Total	660	14	2.1



Appendix B. Healthy Families Arizona Advisory Board Members

Ashley Boruff

Tammy White

Arizona Department of Child Safety,
Healthy Families Arizona
Central Administration

Rebecca Ruffner

Prevent Child Abuse Arizona
Committee Chairperson

Michel Lahti

Darlene Lopez

LeCroy & Milligan Associates

Ginger Ward

Suzanne Schunk

Southwest Human Development

Eric Schindler

Pauline Haas-Vaughn

Child and Family Resources

Erika Mendoza

Parenting Arizona

Peggy Peixoto

Cradles to Crayons

Sue Smith

Arizona Department of Child Safety,
Office of Prevention

Carol Lopinski

First Things First

Ryan Carkhuff

Community Member

Samantha Martin

Wellington Group 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

Michael Oxtoby

Coconino County Public Health
Services District

Jessica Stewart

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



Appendix C. Parent Survey

Parent Survey*

Problem Areas and Interpretation (Mother & Father)

Areas (Scales)	Range	Interpretation/ Administration
1. Parent Childhood Experiences (e.g., Childhood history of physical abuse and deprivation)	0, 5, or 10	<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								
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								
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

