



Healthy Families Arizona
Annual Evaluation Report - FY2017
July 2016 – June 2017



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ASSOCIATES, INC.

Healthy Families Arizona, Annual Evaluation Report 2017 July 2016 – June 2017

Submitted to:

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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.

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Executive Summary

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

The Healthy Families Arizona Program

Healthy Families Arizona is in its 26th 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 2017, 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 43 teams (3 family assessment teams and 40 home visitor teams).

Who Does Healthy Families Arizona Serve?

A total of 4,466 families were monitored for evaluation purposes during the current study year from July 1, 2016 through June 30, 2017. Approximately 21% of the families enter in the prenatal period, and 31% of families remain more than 2 years in the program. The median length of time in the program is just under 16 months. In order to have a meaningful evaluation of the program effects, only the families that receive at least a minimal amount of program exposure are included. This restricts our dataset to 3,803 families that have received at least four home visits.

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



Risk Factors of Mothers	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Teen Births (19 years or less)	16.4%	11.8%	6.9%
Births to Single Parents	69.7%	71.7%	45.3%
Less Than High School Education	33.8%	33.0%	18.8%
Not Employed	69.9%	74.2%	37.3%
No Health Insurance	6.5%	7.6%	4.8%
Receives AHCCCS	81.6%	79.2%	52.1%
Late or No Prenatal Care	26.4%	34.2%	14.5%
Median Yearly Income	\$12,000	\$13,200	\$50,255

Risk Factors for Infants	Healthy Families Arizona Prenatal Families	Healthy Families Arizona Postnatal Families	Arizona State Rates
Born < 37 weeks gestation	10.0%	13.2%	9.0%
Birth Defects	0.8%	0.6%	0.4%
Low Birth Weight	7.9%	11.0%	7.2%
Positive Alcohol/Drug Screen	2.2%	12.1%	1.9%

Sources: Arizona State Rates come from 2015 data from the Arizona Department of Health Services Vital Statistics records and the U.S. Census Bureau, American Community Survey, 2015. 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 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
- Improved social supports
- Decreased depression



Child Development and Wellness

Timely immunizations remain an important component for positive child health and development outcomes. The immunization rate for the children of Healthy Families Arizona participants by 24 months was 76.3% compared to a 71.5% immunization rate for 2 year-olds in the state of Arizona as a whole; and is at 90.7% for 1 year-olds in the program. Healthy Families Arizona also educates families on home safety practices. Results indicate that for families who have been in the program for 12 months: 99.7% of participants are using car seats, 96.5% 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 2017, 86% 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 58 Healthy Families Arizona families had a substantiated case of child abuse and/or neglect out of 3,084 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 729 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. For FY 2017 participants, 2.3% of mothers with a subsequent pregnancy waited over 24 months before they got pregnant with their next child, down from 4.5% in FY 2016. The number of mothers enrolled in school is similar to last year, with 11.2% enrolled at 1 year of program participation, and 10.4% at 2 years. Employment rates for mothers is the same as last year with approximately 46% of mothers employed at 24 months. 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. For all families receiving services during this fiscal year, 32% screened positive for a history of substance abuse at intake. However, 47% of the new participants that enrolled in FY 2017 were screened as having a history of substance abuse problems at intake.



Introduction

Healthy Families Arizona was established in 1991 by the Arizona Department of Economic Security (now housed at the Arizona Department of Child Safety) as a home visitation service for at-risk families, and is now in its 26th year. The Healthy Families Arizona program is accredited by Prevent Child Abuse America and is modeled after the Healthy Families America initiative. Healthy Families America began under the auspices of Prevent Child Abuse America (formerly known as the National Committee to Prevent Child Abuse) in partnership with the Ronald McDonald House Charities. Healthy Families America was designed to promote positive parenting, enhance child health and development, and prevent child abuse and neglect. Healthy Families America has 624 affiliated program sites in 35 States, the District of Columbia, 6 U.S. Territories, and Canada. Healthy Families America is approved as an “evidence-based early childhood home visiting service delivery model” by the US Department of Health and Human Services.

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

Healthy Families Arizona Statewide System

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



In State Fiscal Year 2017, funding level for the statewide system included \$9,828,543 from DCS, \$4,238,420 from FTF, and \$4,038,100 from DHS. The combined funding of \$18,105,063 from DCS, FTF, and DHS allows the Healthy Families Arizona sites and teams to provide services to families living in 13 counties and 254 zip code areas around Arizona. For the 2017 state fiscal year, there were 12 sites with 3 family assessment teams and 40 home visitor teams (14 DCS funded, 7 FTF funded, 11 DHS funded, and 8 receiving funding from more than one source). See Exhibit 1 for a list of teams funded in Fiscal Year 2017.

Exhibit 1. Healthy Families Arizona Program Sites in State Fiscal Year 2017

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



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 2017 from July 1, 2016 to June 30, 2017. 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 2017 Annual Evaluation Report has been designed to provide vital information and reporting of yearly data for basic accountability and credentialing. In prior reports due to contractual requirements, the evaluation of the statewide Healthy Families Arizona system included only families with children that are 24 months old or younger. Starting with fiscal year 2017, the annual evaluation analysis includes families with children up to 60 months. The outcomes reported in the annual evaluation report will, however, continue to primarily focus on data reported up through 24 months as it will take several years for additional data to be collected consistently and with a large enough sample size for evaluation to include later time points. Currently, the Healthy Families Arizona evaluation also includes the creation and distribution of quarterly cumulative performance reports for ongoing program monitoring. These reports are used during quality assurance and technical assistance site visits to review and assess progress on key program activities, including administration rates for developmental screenings and parenting skills inventories, attainment of immunization data, and substance abuse screening. In addition, these reports are used by providers to complete HFA required yearly and two-year analyses.

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.

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. Additional information is collected until a child reaches 60 months, but this information is not collected for evaluation purposes due to contractual requirements. Information on families up to 60 months (or completion of program) is used for provider program analysis as well during Quality Assurance Site visits. The outcome evaluation also includes examination of substantiated cases of child abuse and neglect obtained through the Department of Child Safety’s CHILDS database. The CHILDS database is the DCS child welfare case management system.

The process and outcome components of the evaluation were developed and guided by the logic models for both the prenatal and postnatal programs. The logic models were updated this year to reflect changes in vocabulary to align with the Healthy Families America Best Practice Standards. The revised logic models for the prenatal and postnatal components of Healthy Families Arizona are presented in the Appendices.



Twenty Five Years of Healthy Families Arizona

Healthy Families Arizona celebrated a significant milestone in fiscal year 2017—the program’s silver anniversary! Fall of 2016 was a period of reflection around the impact of Healthy Families over the past twenty-five years, culminating in a celebration that brought together state leaders, the national Healthy Families America director, prevention advocates and staff as they recognized the Governor’s proclamation of “Healthy Families Arizona Day.”

In 1991 Healthy Families Arizona launched as a pilot program in Tucson and Prescott. Within four years the prevention program grew from three to twenty-three sites statewide. In 2000, the program became the first in the nation to receive a four-year multi-site credential from Prevent Child Abuse America. In 2011 the program completed a third accreditation renewal with 100% of programs passing accreditation - something no other multi-site system had ever accomplished. In the same year, the program was awarded the federal Maternal, Infant, and Early Childhood Home Visiting grant. In 2012, Healthy Families Arizona became the first state in the nation to initiate family services in Grant Region 9. To date, Healthy Families Arizona has served over 76,000 Arizona families. (Arizona DCS website).

Healthy Families Arizona has become an exemplary prevention program. As one of the first Healthy Families sites established in the country in 1991, many of Arizona’s program staff, leaders and evaluators have become national experts and leaders in the field, thereby extending the learning from Arizona into many other states and countries. Evaluation studies over the past 25 years have documented strong positive outcomes for families in Arizona, as well as helped to identify areas for program improvement and growth. A strong and long-standing Advisory Committee has provided guidance through difficult times, helping to insure the survival of a program with a strong evidence base. While home visitation services have grown steadily over the last century and the value of home visiting is increasingly



Figure 1 Healthy Families program quilt

documented and recognized, there is a continued need for support to families beginning their journey as parents. In 2017, the National Home Visiting Resource Center published the first Home Visiting Yearbook, that provides a history of home visitation nationally and documents programs, progress, and needs in the 50 states (National Home Visiting Resource Center, 2017). The study drills down to the states by examining maternal and child health indicators (including high risk characteristics of the populations), overall state population, and a variety of national data sources. In Arizona, the study estimates that over 387,000 families could benefit from home visiting, with 28% (108,000) of those families meeting two or more of the following criteria: child under 1 year of age, single mother, parent with no high school diploma, teen mother, and low-income family.

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/2017db>). The purpose of KIDS COUNT is to provide national and state level data on the well-being of children living in the United States. The KIDS COUNT indicators are collected across all states at least biannually for children from birth through high school. There are a total of 16 indicators within 4 domains that are used to develop the overall rankings for each state to determine how well they are meeting the needs of their children. These indicators are used to show trends over time in child well-being. For states, the most currently available data is collected, and states are ranked within each category based on the indicators and given an overall ranking.

Overall, from a national perspective, children have seen improvements in the Economic Well-Being and Health domains, but setbacks in the Education and Family and Community domains. This is different than last year with Economic Well-Being now seeing improvements and Education seeing setbacks. The 4 domains with their indicators, along with the rates for the United States and Arizona, are shown in Exhibit 2.



Exhibit 2. 2017 Kids Count Profile for the United States and Arizona

Domains and Indicators	United States		Arizona	
	2010	2015	2010	2015
Economic Well-Being				
Children in poverty	22%	21%	24%	25%
Children whose parents lack secure employment	33%	29%	35%	30%
Children living in households with a high housing cost burden	41%	33%	43%	34%
Teens not in school and not working	9%	7%	12%	9%
Education				
Young children not in school	52%	53%	66%	63%
Fourth graders not proficient in reading	68%	65%	75%	70%
Eighth graders not proficient in math	67%	68%	71%	65%
High school students not graduating on time	21%	17%	22%	23%
Health				
Low-birthweight babies	8.1%	8.1%	7.1%	7.2%
Children without health insurance	8%	5%	13%	8%
Child and teen deaths per 100,000	26	25	28	24
Teens who abuse alcohol or drugs	7%	5%	8%	6%
Family and Community				
Children in single-parent families	34%	35%	37%	38%
Children in families where the household head lacks a high school diploma	15%	14%	19%	18%
Children living in high-poverty areas	13%	14%	22%	24%
Teen births per 1,000	34	22	42	26

In the Child Health domain three of four indicators improved in both Arizona and nationally. Most notable is the decrease in the number of children without health insurance from 8% nationally in 2010 to 5% in 2015. Arizona, while still higher than the national rates has also seen improvements dropping from 13% of children without health insurance in 2010 down to 8% in 2015. The rate of low-birthweight babies is unchanged nationally at 8.1% of infants, Arizona is lower than the national average at 7.2%, but increased slightly from 7.1% in 2010. Arizona improved in ranking from 45 nationally in 2016 to 40 in 2017 in the Health domain, and this is the highest ranking of the four domains for Arizona.

The Economic Well-Being domain showed positive changes for Arizona in three areas while nationally improvements were seen in all areas. Slightly more children are living in poverty in 2015 compared to 2010 (25% up from 24%). Fewer children have parents lacking



secure employment (30% down from 35%), and the percent of teenagers not in school or working has also dropped from 12% to 9% from 2010 to 2015. The biggest improvement is that fewer children are living in households with a high housing cost burden (34% down from 43%), and. The national rates are similar except for the percentage of children living in poverty which improved slightly from 22% in 2010 to 21% in 2015. Despite these improvements in Arizona, in the overall national rankings, Arizona dropped from 39 in 2016 to 43 in 2017 in the domain of Economic Well-being.

In the Education domain, Arizona saw improvements in three of the 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 (63%) than the national rate. This is a slight improvement from 66% previously. In the Education domain Arizona is ranked 44th among all states, the same as last year.

Nationally, in the Family and Community domain, the rate of teen births has dropped in 2015 to 22 per 1000 births from 34 per 1000 in 2010. Arizona has also seen an improvement with 26 teen births per 1000 in 2015 compared to 42 per 1000 in 2010. At the national level 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 18% of parents lacking a high school diploma, 26 teen births per 1000, 38% 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 same as in 2016.

Arizona dropped back to a rank of 46 in 2017, which is a decline from 45 in 2016, but similar to 2015. In the Economic Well-Being domain Arizona saw the largest change in ranking from 39 to 43. Overall, Arizona ranked worse than the national trend in 13 of the 16 indicators. The percentage of low birth weight babies at 7.2% and the percentage of eighth graders proficient at math at 65% were lower than the national averages of 8.1% and 68% respectively. Arizona was also slightly better than the national average with 24 child and teen deaths per 100,000 vs 25. In summary, with an overall ranking of 46 out of 50 states, 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.

Arizona is ranked 46th out of all states in child well-being.

Arizona ranks worse than the national average in 13 of 16 indicators.



Randomized Trial of Healthy Families Arizona

Healthy Families Arizona is one of many evidence-based home visitation programs being implemented across the country, and requires a national accreditation for States to implement the model. LeCroy & Milligan Associates has been committed to conducting additional research to add to the discussion about program effectiveness. From 2010-2015, LeCroy & Milligan Associates, with funding from the Federal Children’s Bureau through the Rigorous Evaluation of Existing Child Abuse Prevention Programs, completed a randomized control trial of Healthy Families Arizona. A brief synopsis of findings from the study is included in this report as supplementary information.

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. The results from the six-month follow-up were summarized in the 2016 annual report and in a published paper (LeCroy & Davis, 2016). One year analyses were completed this year and the overall findings are summarized below.

Outcomes were assessed across four domains of interest: safety and resources, parenting attitudes and behaviors, health and maternal outcomes, and mental health and coping. Findings revealed significant differences between the groups at both six months and one year follow up assessments on use of resources, mobilizing resources, home environment, subsequent pregnancy, positive affect, and problem solving favoring the Healthy Families home visitation group. Indicators of violence showed significantly reduced violence on a measure of total violence as well. The study also examined parent’s descriptions of their children and parenting experience and conducted a qualitative linguistic inquiry and word count analysis. This analysis revealed significant differences in narrative descriptions that favored the Healthy Families group, with families expressing more positive emotions, less negative emotions, less sadness and using more feeling expressions. While it is difficult to capture how parents might change in response to participating in Healthy Families, the linguistic changes observed in this study suggest families develop a different language that is perhaps helpful to them in their parenting. Overall, the study showed the positive impact of Healthy Families Arizona at both six months and twelve months post enrollment.



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 19 -20, 2016 24 attendees from HFaz CA and the network attended the 22nd Statewide Child Abuse Prevention Conference hosted by Prevent Child Abuse Arizona in Glendale Arizona. 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.
- HFAZ acquired a third in-state Healthy Families America certified Core trainer to provide Integrated Strategies Home Visiting (ISHV) training to new HFAZ staff. The 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 Parent Survey for Community Outreach (PSCO) trainer for our state.
- HFAZ supported an Advanced Supervisor's Training in May of 2017, the purpose of this training was to provide supervisors with the most up to date information being used in the Core trainings as well as training supervisors in additional strategies for supervision.
- Central Administration continues collaboration with the evaluation team, LeCroy and Milligan Associates, to support consistent delivery of Core training.
- April 24-27, 2017, 3 statewide coordinators from Central Administration attended Healthy Families America Peer Reviewer training. This fulfilled a requirement for Arizona's multi-site system status, but it also provided staff will valuable training that can be used here in Arizona when completing quality assurance and technical assistance with providers.

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 Technical 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 CA team conducted two Quality Assurance site visits and provided feedback on strengths and areas of growth. During State Fiscal year, all sites had technical assistance available to them through HFAz CA.

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. The self-study is an extensive document that breaks down every Critical Element and Standard, and allows sites to provide narrative and backup documentation on how they are implementing these standards in their daily practice. 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 visits 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. In SFY2017 the program achieved a renewal of accreditation valid through March 2022, after meeting all best practice standards in March 2017.



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

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. Collaboration occurs in a variety of settings both formally and informally. HFAz CA discusses budget and funding frequently with ADHS and reviews monthly reports and billing. In addition, HFAz CA participates in the Interagency Agency Leadership Team which is a joint effort between DCS, ADHS, FTF, and several other State agencies to work collaboratively to improve services offered to Arizona families. MIECHV funding received through ADHS requires participation in a Continued Quality Improvement (CQI) component by MIECHV funded Healthy Families sites to improve outcomes such as child immunizations rates throughout the state. In addition, HFAz CA works collaboratively with the DCS Office of Prevention to promote the Healthy Families program throughout the State.



Healthy Families Arizona Participant Characteristics

Data were submitted for a total of 4,466 families for evaluation purposes during the current study year from July 1, 2016 through June 30, 2017. A total of 2,134 were funded through the Department of Child Safety; 1,084 through First Things First; and 1,194 through MIECHV. An additional 54 families had been previously funded through MIECHV, but changed midyear to outside funding in the Maricopa County area. In prior reports due to contractual requirements, the evaluation of the statewide Healthy Families Arizona system included only families with children that are 24 months old or younger. Starting with fiscal year 2017, the annual evaluation analysis includes families with children up to 60 months. The outcomes reported in the annual evaluation report will, however, continue to primarily focus on data reported up through 24 months as it will take several years for additional data to be collected consistently and with a large enough sample size for evaluation to include later time points.

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 restricts the dataset to include only those families with full data showing that they have received at least four home visits. A total of 3,803 families are included in this report. Thus, the data for this report focuses on families who were “actively engaged” (received four or more home visits) in the Healthy Families program regardless of when they entered the program.

Slightly more than one in five (21.1%) of the families in the evaluation sample enter the program in the prenatal period (prenatal participants) and 78.9% of the families enter the program after the birth of the child (postnatal participants). For the July 2016 to June 2017 evaluation cohort, there were 801 prenatal and 3,002 postnatal families. Exhibit 3 presents the total number of prenatal and postnatal families actively engaged from July 2016 to June 2017.



Exhibit 3. Participants Included in the Evaluation for State Fiscal Year 2017

County	Site	Prenatal	Postnatal	Total
Cochise	Team # 12	10	71	81
Coconino	Team # 18	30	56	86
	Team # 13	44	68	112
	Team # 90	10	24	34
Graham/ Greenlee	Team # 28	16	50	66
	Team # 92	19	39	58
Maricopa	Team # 2	22	102	124
	Team # 3	15	101	116
	Team # 5	27	105	132
	Team # 19	22	78	100
	Team # 23	25	110	135
	Team # 48	24	113	137
	Team # 61	22	105	127
	Team # 62	16	97	113
	Team # 64	28	100	128
	Team # 65	22	107	129
	Team # 68	15	70	85
	Team # 71	0	3	3
	Team # 80	29	109	138
	Team # 83	23	108	131
	Team # 84	15	98	113
	Team # 88	11	88	99
Team # 89	15	82	97	
Mohave	Team # 33	57	63	120
Mohave/La Paz	Team # 17	14	74	88
	Team # 91	12	40	52
Navajo	Team # 32	13	53	66
Pima	Team # 8	7	7	14
	Team # 9	25	102	127
	Team # 10	23	82	105
	Team # 11	17	102	119
	Team # 27	19	93	112
	Team # 81	19	84	103
Pinal	Team # 82	29	54	83
	Team # 85	3	26	29
Santa Cruz	Team # 6	31	78	109
Yavapai	Team # 21	8	67	75
	Team # 87	11	29	40
Yuma	Team # 15	30	86	116
	Team # 70	23	78	101
Total		801	3002	3803



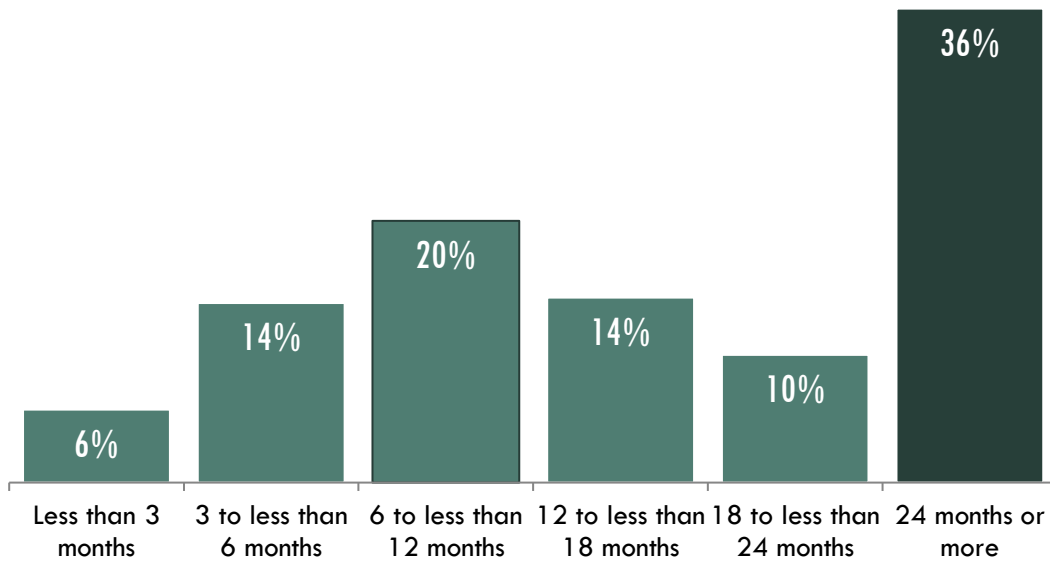
Length of Time in Program and Reasons for Termination

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 2017, a total of 1,356 of the 3,803 families in the evaluation sample closed during the year. Of the 3,803 families served, 1,165 enrolled during fiscal year 2017. For the newly enrolled families 290 closed (24.9%), for a retention rate of 75.1% which is an increase from 72.5% in FY 2016 and 68.6% in FY 2015.

New Sample Strategy Implemented in 2017

In prior year's reports, statistics regarding length of time in program was limited to describing time for only those families still within the first 24 months of enrollment. This year's report includes an analysis of the revised sample of all families in the program through 60 months of age for fiscal year 2016 as well as 2017. The median number of days in the program for families in this revised evaluation sample is 491 compared to 506 in FY 2016. Over one-third (36%) of all families receiving services are in the program for more than 2 years (Exhibit 4).

Exhibit 4. Families' Length of Time in Program for State Fiscal Year 2017 (revised sample)



In 2017 a total of 1,356 families closed compared to 1,480 in 2016 in the evaluation samples. For all families (N=1,356) who closed in State Fiscal Year 2017, more than one third had participated for more than 24 months. Exhibit 5 shows the distribution of length of time that families stayed in the program for all families who closed in FY 2017. Due to the revised sampling method (i.e., all families included through 60 months), the proportion of



families who terminated in the 6-12 month time period shows a decrease when compared to previous years. Additionally, the largest percentage of families (34.3%) who closed in FY 2017 were in the program more than 24 months, with 9% of the closures being families graduating at 60 months

Exhibit 5. Families' Length of Time to Closure for State Fiscal Year 2017 (revised sample)

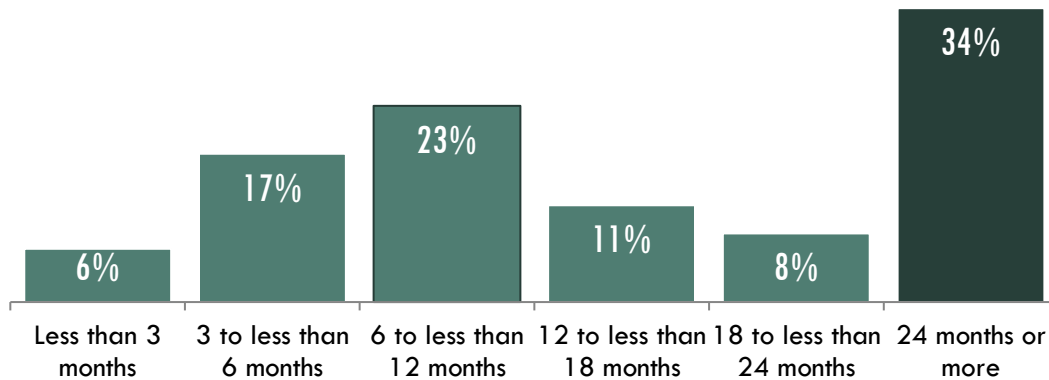


Exhibit 6 shows the most frequent reasons families left the program during this year. The most common reason a postnatal family's case was closed in FY 2017 was due to families not responding to outreach efforts followed by families refusing further services and completing the program. For prenatal families, the family moving away was the most frequent reason followed by program completion. Program completion is a closure reason for families that have participated for at least 36 months with the ideal being 60 months; 9% of families completed at 60 months, with the remaining 8.5% between 36 and 59 months. This is a large increase from prior years to have so many families completing a full 60 months. A breakout by site is presented in Appendix A.

Exhibit 6. Most Frequent Reasons for Termination State Fiscal Year 2017

Reason	Prenatal	Postnatal	Overall
Completed Program	19.9%	16.8%	17.5%
Did not respond to outreach efforts	11.6%	18.8%	17.2%
Family refused further services	11.9%	16.8%	15.7%
Moved away	20.9%	12.4%	14.3%
Self-sufficiency	11.9%	14.3%	13.8%



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, the percentage has continued to decrease in recent years. In 2017, 16.4% of prenatal mothers and 11.8% of postnatal mothers enrolled are teens compared to 17.7% and 12.0% in 2016, 18.5% and 14.1% in 2015, and 20.9% and 16.4% in 2014, respectively. The majority of all mothers are single (71.3%) at enrollment, with only 28.7% of mothers married at enrollment. Approximately one in three mothers enrolled in Healthy Families Arizona have less than a high school education (33.2%) compared to less than one in five of all mothers in the State (18.8%). Just under three quarters (73.3%) of Healthy Families Arizona mothers are unemployed and 79.7% are receiving AHCCCS at enrollment. The median income of the enrolled mothers is below the 2017 Federal Poverty Level (\$16,240 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 2017

Risk Factors of Mothers	Prenatal Families	Postnatal Families	Arizona state Rates
Teen Births (19 years or less)	16.4%	11.8%	6.9%*
Births to Single Parents	69.7%	71.7%	45.3%*
Less Than High School Education	33.8%	33.0%	18.8%*
Not Employed	69.9%	74.2%	37.3%**
No Health Insurance	6.5%	7.6%	4.8%*
Receives AHCCCS	81.6%	79.2%	52.1%*
Late or No Prenatal Care	26.4%	34.2%	14.5%*
Median Yearly Income	\$12,000	\$13,200	\$50,255 **

Source: Prenatal and Postnatal Families data from the Healthy Families Arizona FY 2017 data

*2015 data from the Arizona Department of Health Services Vital Statistics records.

**U.S. Census Bureau, American Community Survey, 2015

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

Infant Characteristics

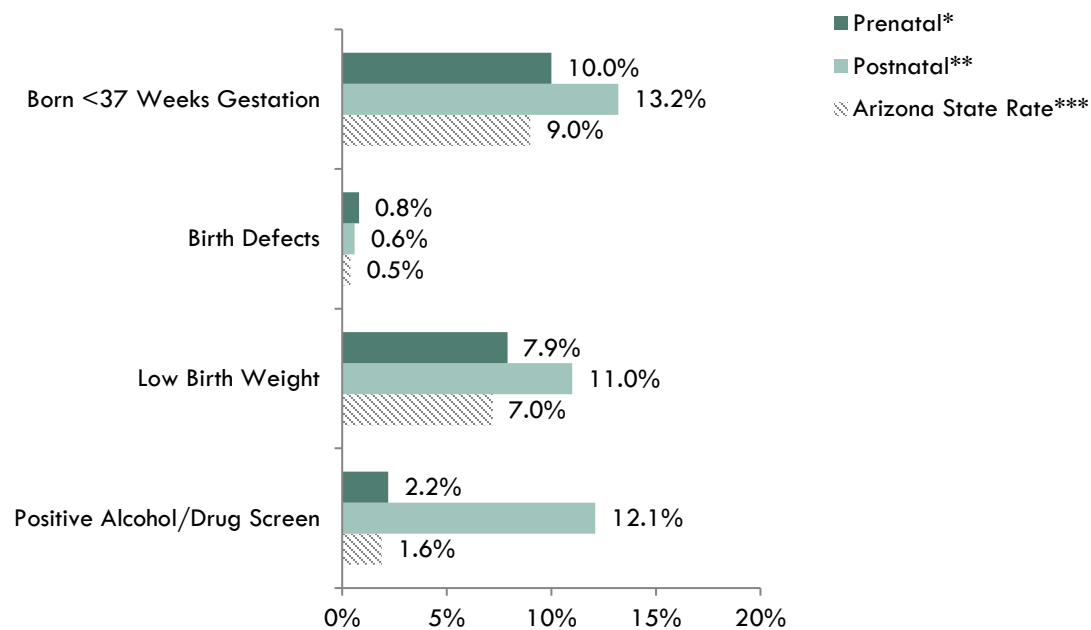
In addition to mother risk factors, information about infant risk factors is collected at intake for postnatal families and at birth for prenatal families. This information gives an indication of the intensity level of services needed for families enrolled in the program. The overall risk factors for infants in FY 2017 are similar to prior years. The percentage of Healthy



Families Arizona program infants born early (less than 37 weeks gestation) remains higher than the overall state rate, suggesting that the families being identified for service have a significant level of need. For families who enter the program postnatally, the percentage of low birth weight infants and positive alcohol/drug screening at birth remains high in comparison to the state rate. For those families who enter the program in the prenatal period, the incidences of low birth weight and positive alcohol/drug screen are lower than the postnatal families and close to the state rate.

Exhibit 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 2017



*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.

*** 2015 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 both the mothers (56.0%) and the fathers (51.6%) enrolled in the program are Hispanic mothers' and fathers' race. Site level data for race and ethnicity are available in Appendix A.



Exhibit 9. Parents' Ethnicity State Fiscal Year 2017

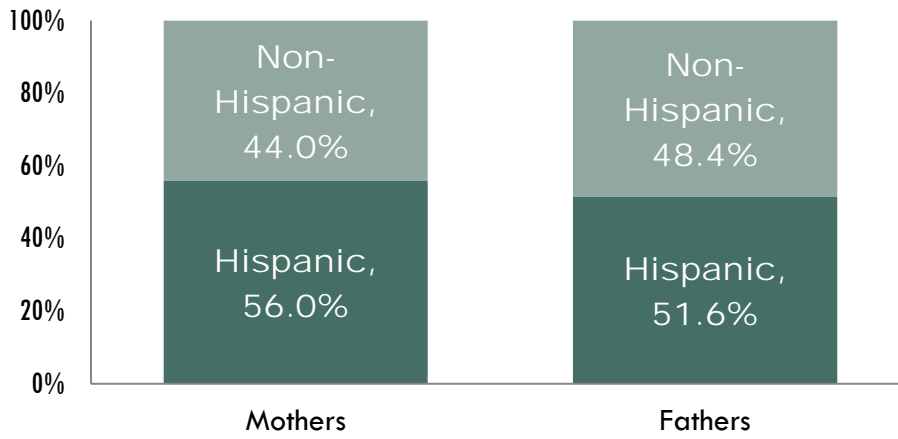
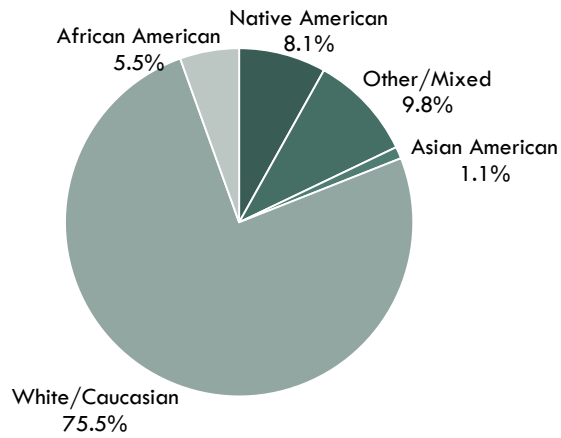


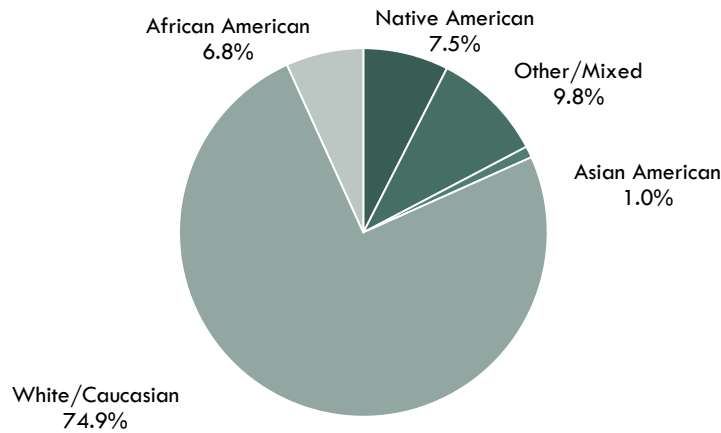
Exhibit 10. Mother's Race* State Fiscal Year 2017



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



Exhibit 11. Father's Race* State Fiscal Year 2017



*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 Healthy Families 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 (FAW) evaluates each family across the 10 domains of the Parent Survey. The survey is administered in an interview and conversational format and the items are then rated by the FAW according to level of risk. The percentage of parents scoring *severe* on each of the scales is presented for prenatal mothers and fathers and 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 Level of Risk on Parent Survey Items for State Fiscal Year 2017

PRENATAL

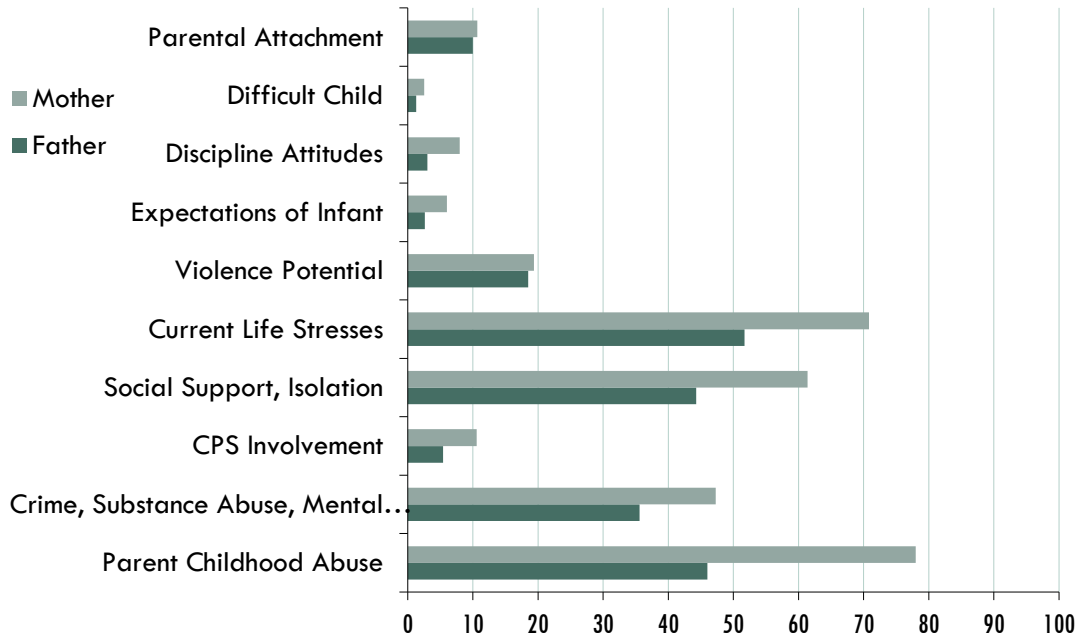
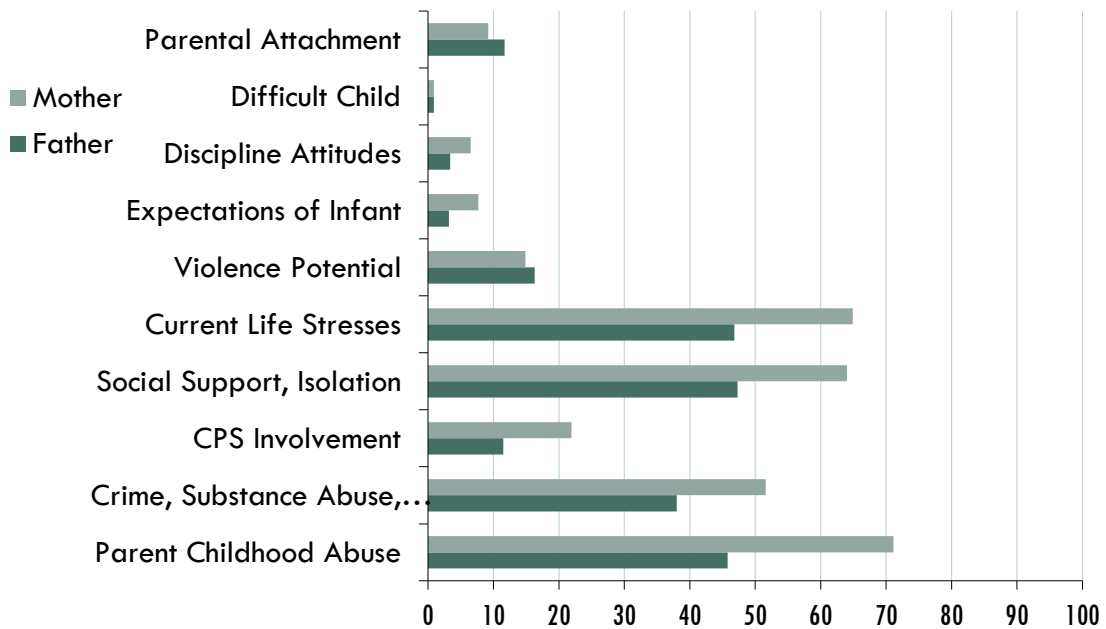


Exhibit 13. Percentage of Parents Rated Level of Risk on Parent Survey Items for State Fiscal Year 2017

POSTNATAL



The four factors rated at the highest risk by both mothers and fathers remain consistent with previous years' data. These include: history of childhood abuse (for the parent); current life stressors; social support and isolation; and a history of crime, substance abuse, or mental illness. Prenatal mothers had higher risk scores on history of childhood abuse (78.0%) and current life stresses (70.8%) than postnatal mothers, at 71.1% and 64.9%, respectively.

Summary

The process evaluation for fiscal year 2017 suggests that the Healthy Families Arizona program continues to effectively reach parents and infants with high risks for child maltreatment and other unhealthy outcomes. The population that Healthy Families Arizona is serving has greater risks than the state or national population as a whole. Overall, the Healthy Families Arizona program is reaching families that are impoverished, stressed, socially disadvantaged, and lacking in resources to manage the demands of parenting. It appears that mothers who enter the program in the prenatal period report more severe histories of child abuse and life stressors than postnatal mothers, yet their incidences of low birth weight babies, preterm birth, and substance exposed newborns are lower than for those that enter in the postnatal period. This suggests that these high risk families benefit from the early support, particularly in the prenatal period, which is offered in the home visitation program.

Key Healthy Families Arizona Services

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

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



Developmental 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 as well as last year. Similar rates of children were both screened and identified as delayed in 2016 for the 4-month to 24-month screenings.

Exhibit 14. ASQ-3 Screening State Fiscal Year 2017

Interval ASQ-3 Screening	Percent of children Screened with ASQ-3	Percent screened as delayed
4-month	96.0%	2.4%
6-month	94.4%	2.4%
9-month	97.6%	4.3%
12-month	94.0%	4.7%
18-month	91.6%	7.4%
24-month	85.9%	10.3%

Healthy Families Arizona works to ensure that children who may have developmental delays obtain needed interventions. Program data tracks what happens after a family’s ASQ-3 is scored as follows: 1) the child is screened as having no delays, 2) the child is referred for further assessment and is determined to have no delays upon a more extensive assessment, 3) families are referred to different services such as the Arizona Early Intervention Program (AzeIP) or other early intervention or therapy, or 4) the home visitor may provide developmental intervention or education to the family. Although 2.4% to 10.3% of children (depending on their age) are initially screened as delayed in their development, approximately 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). Exhibit 15 shows the outcome of these follow-up assessments.

Exhibit 15. ASQ-3 Follow-up Services State Fiscal Year 2017

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	4.1% (2)	30.6% (15)	16.3% (8)	83.7% (41)	8.2% (4)	32.7% (16)
6-month	6.5% (3)	37.0% (17)	8.7% (4)	71.7% (33)	4.3% (2)	23.9% (11)
9-month	7.1% (4)	33.9% (19)	5.4% (3)	71.4% (40)	3.6% (2)	23.2% (13)
12-month	15.5% (9)	29.3% (17)	6.9% (4)	86.2% (50)	6.9% (4)	13.8% (8)
18-month	10.5% (6)	47.4% (27)	8.8% (5)	77.2% (44)	5.3% (3)	17.5% (10)
24-month	2.5% (1)	47.5% (19)	5.0% (2)	82.5% (33)	7.5% (3)	12.5% (5)

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

Outcomes for Families

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

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

Parent outcomes

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

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



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

Healthy Families Parenting Inventory Reveals Positive Parent Change

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* (Krysik & 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 of paired t-test analyses obtained for each subscale of the HFPI. The level of significance is reported along with the *effect size*. An effect size gives a sense of how large the change or improvement is from baseline to 6 months or 12 months. Effect sizes below 0.20 are considered small changes and those between 0.20 and 0.50 are considered small to medium changes. These findings are based on data reported from the sites and represent participants who completed both instruments at the baseline and 6 month intervals (n=2,318) and participants who also had matched instruments at the 12 month interval (n=1,726).



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	✓	.043	(0.04)	None	.089	(0.04)
Problem- solving	✓	.000	(0.19)	✓	.000	(0.18)
Depression	✓	.000	(0.09)	✓	.000	(0.13)
Personal care	✓	.000	(0.14)	✓	.000	(0.16)
Mobilizing resources	✓	.000	(0.30)	✓	.000	(0.35)
Commitment To Parent Role	✓	.000	(0.11)	✓	.000	(0.15)
Parent/Child Interaction	✓	.000	(0.22)	✓	.000	(0.19)
Home Environment	✓	.000	(0.34)	✓	.000	(0.48)
Parenting Efficacy	✓	.000	(0.16)	✓	.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 12 months. The largest improvements (as shown by the effect sizes) at 6 months after entering the program are in the categories of home environment (0.34), mobilizing resources (0.30), and parent/child interaction (0.22). At 12 months the largest improvements are in home environment (0.48), mobilizing resources (0.35), and parent/child interaction (0.19). This indicates that the Healthy Families Arizona sites are effective at improving the atmosphere of the home, connecting parents to resources, and improving the interaction between parents and children. This supports what the randomized control study reported.

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 (64.5%) and from baseline to 12 months (65.5%).



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	(0.26)	✓	.000	(0.31)

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 2017 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	73.8%	75.1%	74.6%	74.7%
Proving Financial Support	75.2%	76.1%	76.5%	75.5%
Living in the Home	69.4%	71.0%	70.8%	70.4%
Participate in HFAz	45.9%	46.0%	45.2%	44.1%



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 98.1% of the Healthy Families Arizona eligible families (3,026 out of 3,084) were without a substantiated report, as can be seen in Exhibit 19. A total of 58 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 2017, 729 out of the full 4,466 (16.3%)



Healthy Families Arizona families served in FY 2017 had some level of involvement with DCS. In FY 2017, there were 58 families with substantiated cases of neglect or abuse,

including 58 families with substantiated cases, and 262 referred to Healthy Families Arizona from DCS workers at enrollment. Healthy Families Arizona supportive services include:

Of all families with at least 6 months in the program in FY 2017, approximately 98% had **no substantiated child abuse or neglect incidences.**

- 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.

This is better than the 2014 through 2016 rates.

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 2015 (the most recent year available), the Arizona immunization rate for 24 month olds was 71.5%, and the U.S. rate was 70.6% (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

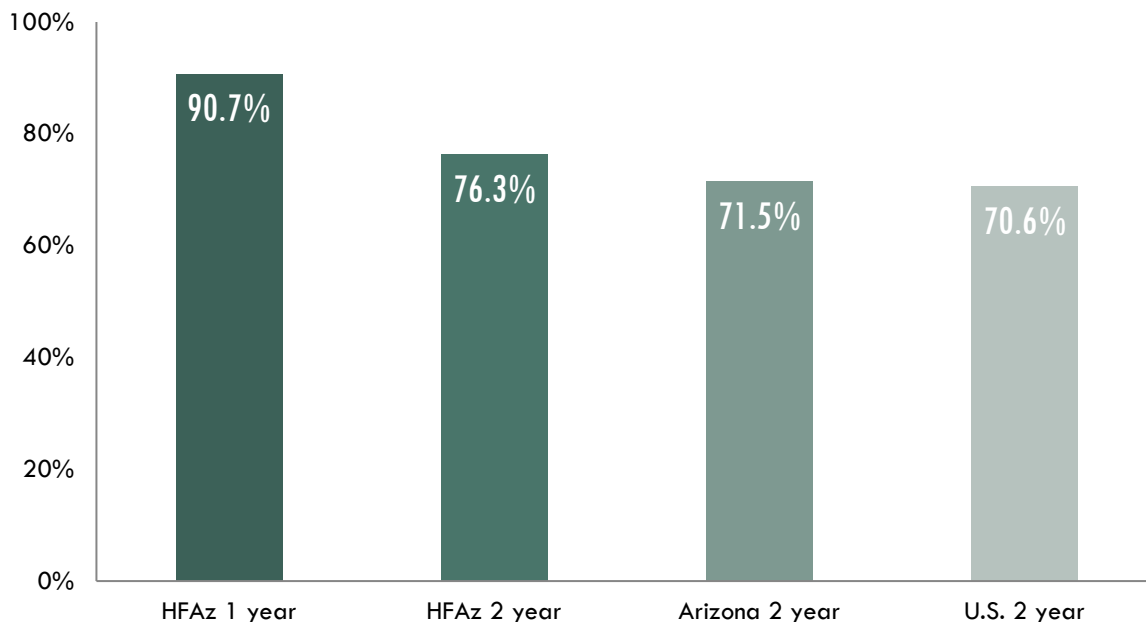
completion. With the increased use of technology, oftentimes immunizations are recorded electronically by the Doctor, and no booklet is provided. To help overcome this barrier, Healthy Families Arizona home visitors also track child wellness checks and continuously follow up with families following these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



given limited access to the Arizona Department of Health Services (ADHS) data to look up immunizations that children have received and that families either did not have recorded in their immunization books or were not given electronic printouts. These combined practices and systems assist families in ensuring they have the most up to date information on what 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. The rates of immunizations for Healthy Families Arizona families are higher than both the state and national immunization rate for 2-year olds. The national immunization rate has remained relatively flat from 69.8% in 2013 to 70.6% in 2014, while Arizona's rate has increased from 61.6% in 2013 to 71.5% in 2015. The immunization rates for 1-year olds in Healthy Families Arizona is nearly the same as in FY 2016; the 2-year old rate however saw a significant increase from 70.9% to 76.3%. The additional effort the home visitors have made in both emphasizing the importance of immunization and collecting the immunization data has allowed the 1 year rates to remain consistently higher these last couple of years and has continued to improve the 2 year rates.

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



*Source: 2015 data from the CDC National Immunization Survey through ChildVaxView.



Safety Practices in the Home

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

The Healthy Families Arizona home visitors both assess and promote safe environments for children. The home visitors provide education about safety practices and monitor safety in the home through the completion of the safety checklist with the family. Exhibit 21 reports the use of four key safety practices across five time points for postnatal participants. 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. Home visitors work with families on where to obtain car seats for free or at a reduced rate as well as resources for classes offered on how to properly install a car seat.



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 89% to 93%, 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 in the program 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 44.0% to 53.6% which is when most babies begin to scoot and start to crawl. This percent increases to 73.2% 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	44.0%	53.6%	73.2%	79.0%	79.3%
Poisons Locked	86.4%	92.8%	96.5%	97.9%	98.5%
Smoke Alarms	87.8%	89.8%	91.5%	91.5%	92.9%
Car Seats	99.8%	99.8%	99.7%	99.8%	99.8%

Mothers' Health, Education, and Employment

The Healthy Families Arizona program attempts to influence maternal life course outcomes. The home visitors encourage families to seek new educational opportunities, complete their high school education, obtain greater economic self-sufficiency, and obtain better paying and 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 are nearly the same with 9.9% in FY 2017 and 10.0% in FY 2016.

Exhibit 22. Percentage of Mothers who Reported Subsequent Pregnancies Fiscal Years 2016 & 2017

	2016	2017
Percent of mothers with subsequent pregnancies	10.0%	9.9%

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 home visitors stress the health benefits to both the mother and child of adequate birth spacing.

Exhibit 23. Length of Time to Subsequent Pregnancy for Those Families with Subsequent Births for Fiscal Years 2016 & 2017

Length of Time to Subsequent Pregnancy	2016 Percent of Mothers	2017 Percent of Mothers
1 to 12 months	49.3%	51.0%
13 to 24 months	46.1%	46.7%
Over 24 months	4.5%	2.3%

School, Educational Enrollment, and Employment

Continued educational obtainment and increased employment are important to consider when examining the program’s potential impact on maternal life course outcomes. Children living in poor families with mothers who have low educational attainments experience less success, both in school and later as adults in the workforce, than children living in more advantaged circumstances². 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 2017, the proportion of mothers enrolled in school either full- or part-time ranged from 10.4% at 24 months to 11.6% at 18 months and is similar to FY 2016.

² See Foundation for Child Development (2014). Mother’s Education and Children’s Outcomes. www.fcd-us.org



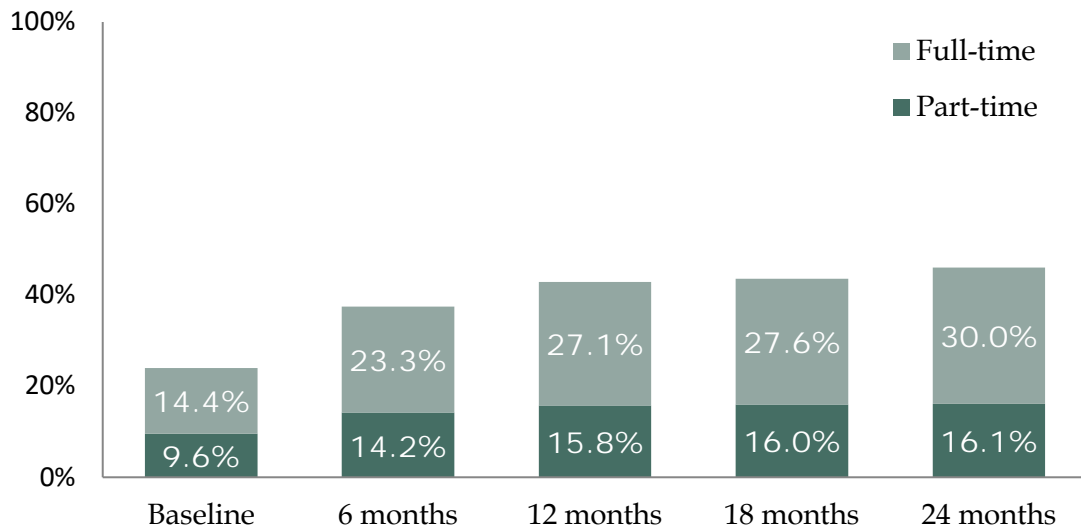
Exhibit 24. Percent of Mothers Enrolled in School – State Fiscal Year 2016 & 2017

	Percent enrolled part-time (2016)	Percent enrolled full-time (2016)	Percent enrolled part-time (2017)	Percent enrolled full-time (2017)
6 month	4.9%	7.1%	5.0%	6.5%
12 month	4.6%	6.7%	4.8%	6.4%
18 month	5.1%	5.9%	5.5%	6.1%
24 month	4.9%	5.2%	5.1%	5.3%

Maternal employment shows an increasing rate over time, as shown in Exhibit 25. At 6 months 37.5% of Healthy Families Arizona mothers are successfully employed, 42.9% at 12 months, and 46.1% at 24 months. The employment rates for mothers increased slightly from FY 2016 to FY 2017.

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. In addition, families worry about loss of Medicaid health insurance if their income goes above the state cutoff to receive these benefits.

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, Garner et al, 2014). Nationally, there has been an increased focus on opioid use and its effects in daily news. 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 screening tool as a method of screening for substance use and abuse. The CRAFFT is a short screening tool for adults and adolescents to assess high risk drug and alcohol use disorders 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. For all families in the evaluation sample 32.3% of families screened at intake assessed positive for a history of substance use. However, for families that enrolled in Healthy Families Arizona in FY 2017, 47.2% had a history of substance use. This indicates that the number of families at potential risk has increased over time. This may be due to increased substance use overall or this may be a reflection in the number of Healthy Families Arizona families that are also participating in the Substance-Exposed Newborn Safe Environment (SENSE) program. This is the first year we have recorded SENSE program referrals and



they accounted for 214 of the 1,165 new enrollments. Currently, the number of families with positive substance abuse screens drops at 6 months to 8.1% and continues to drop at 12 months (5.3%). Because the initial completion of the CRAFFT at intake counts any substance abuse/use up until the time of enrollment in the program, it makes sense for percentage to be higher. When families are asked the same questions on the CRAFFT at the 6 month mark, they are instructed to answer only from the time frame since the tool was last administered. Due to the large number of families in FY 2017 that screened in with a history of substance abuse, it is recommended that home visitors continue to emphasize to families the impact of substance use on the safety of their children.

Exhibit 26. Percent Screened and Assessed Positive on the CRAFFT

Time at assessment	Percent Screened	Percent Assessed Positive
2 months (lifetime)	95.5%	32.3%
6 months	92.9%	8.1%
12 months	93.2%	5.3%

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

2017 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 in the program. 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 2017.

The survey is distributed to all current participants in the program and returned by mail. A total of 2,675 surveys were sent out and 1,829 surveys were returned, for a 68.4% return rate. The race and ethnic breakdown of these participants was similar to past years and is representative of the populations served by Healthy Families Arizona, with 62% White, 8% American Indian, 5% African American, 8% Two or More Races, 2% Asian, less than 1% Hawaiian/Pacific Islander, and 11% did not respond. More than half of families that responded were Hispanic (57%).

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. More than 92% of Healthy Families Arizona survey participants strongly agree that their home visitor does a good job explaining things; and nearly 90% strongly agreed that the program was good and that they would recommend the program to others. For the remaining statements



in the satisfaction survey, more than 85% of the respondents strongly agreed. This indicates a strong satisfaction level with the program.

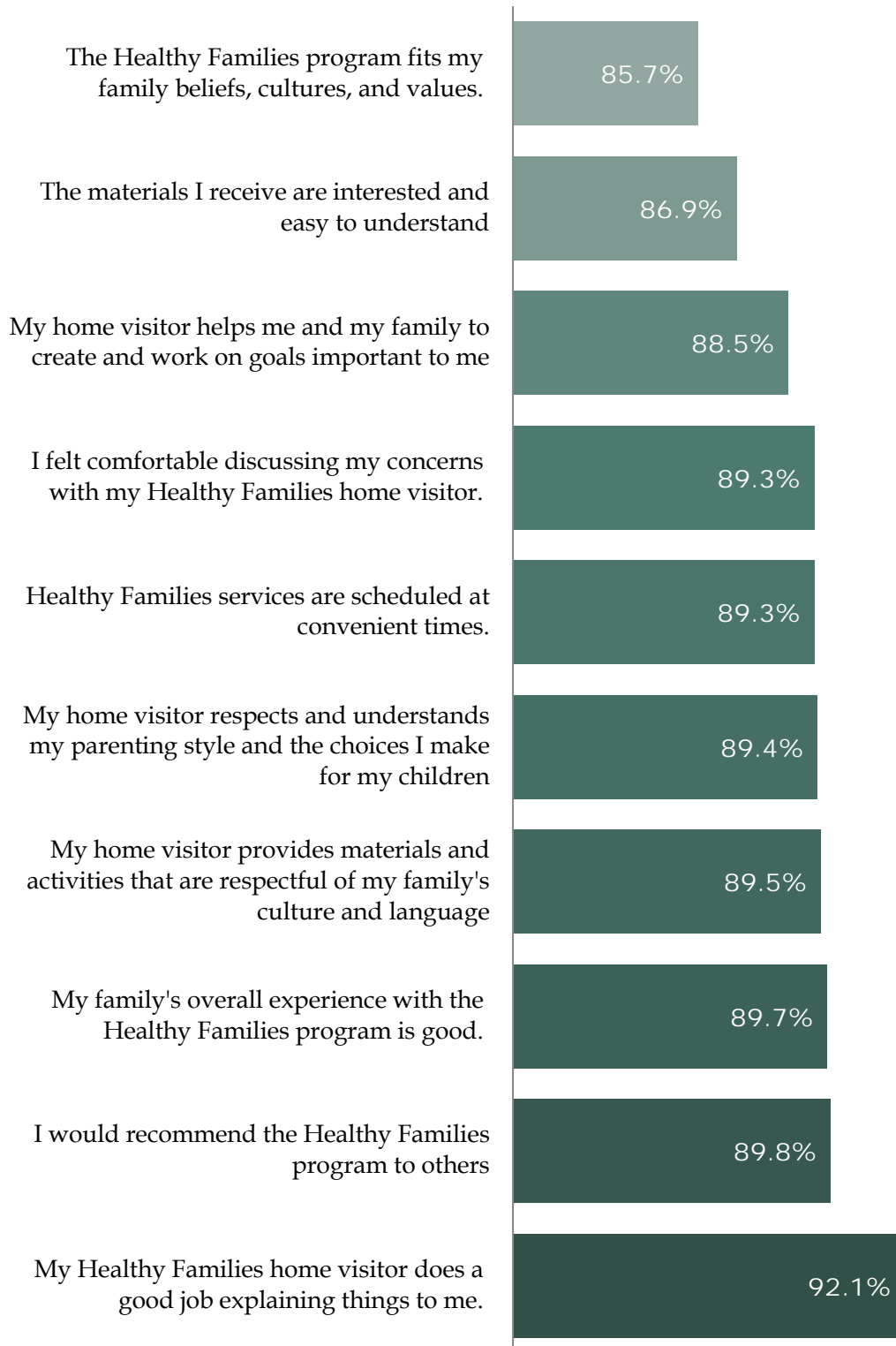


I've been in the program for almost 5 years. After all that time there isn't anything I could change to make it better.

Graham County Family



Exhibit 27. Percent Who Strongly Agreed on Satisfaction Survey Statements FY 2017



Conclusions and Recommendations

Healthy Families Arizona celebrated twenty-five years of service to Arizona families in fiscal year 2017. A total of 4,466 families benefited from the program with just over 30% of all families having participated for over 2 years. 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 its goals of serving Arizona families.

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

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

- **Encourage staff to continue strategies to increase family retention.** This year's statewide one year retention rate is 75.1% 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 data collection forms.** The new Best Practice Standards from Healthy Families America go into effect January 2018. Healthy Families Arizona updated their Policies and Procedures Manual and the Logic Models this year and the data collection forms need to be updated to meet these new best practice standards by



changing wording and adding a few items to the older forms. This will allow Healthy Families Arizona to fully participate in the nation-wide evaluations with the goal of improved data collection as well as reduced time burden for families and home visitors.

- **Substance use and SENSE families.** This year, Healthy Families Arizona provided services to 214 families that were also participating in the Substance-Exposed Newborn Safe Environment (SENSE) program. It may be beneficial for home visitors to receive additional training on providing supports to families with substance use histories, as well as the effects of different substances on newborns.

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



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Age of Child at Entry by Team- FY 2017

Team	Mean (Age in Days)	Number	Standard Deviation
Team 2	37.46	102	25.53
Team 3	34.81	101	23.38
Team 5	33.20	105	24.73
Team 6	17.56	78	14.21
Team 8	23.43	7	19.19
Team 9	28.27	102	28.48
Team 10	22.98	82	22.40
Team 11	24.97	102	23.57
Team 12	17.85	71	21.63
Team 13	10.31	68	13.10
Team 15	25.78	86	24.42
Team 17	17.23	74	22.87
Team 18	40.43	56	39.24
Team 19	35.49	78	24.16
Team 21	19.25	67	21.83
Team 23	39.30	110	28.16
Team 27	19.42	93	15.58
Team 28	21.04	50	20.19
Team 32	19.58	53	26.86
Team 33	32.16	63	21.32
Team 48	43.40	113	78.54
Team 61	34.68	105	23.74
Team 62	32.52	97	23.10
Team 64	36.98	100	24.89
Team 65	39.53	107	32.85
Team 68	47.11	70	30.43
Team 70	19.71	78	18.38
Team 71	17.33	3	9.02
Team 80	35.20	109	22.94
Team 81	24.80	84	23.77
Team 82	23.91	54	23.17
Team 83	34.20	108	22.08
Team 84	32.65	98	22.28
Team 85	25.85	26	19.78
Team 87	20.41	29	16.34
Team 88	35.09	88	24.57
Team 89	44.61	82	50.88
Team 90	36.71	24	34.67
Team 91	19.58	40	22.88
Team 92	29.49	39	25.02
Total	30.36	3,002	30.27

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 2017
(For families who left the program)**

Team	Prenatal				Postnatal			
	Median	Mean	St. Dev.	#	Median	Mean	St. Dev.	#
Team 2	643.50	889.20	793.89	10	828.00	905.15	707.82	33
Team 3	270.00	473.60	375.66	5	600.00	902.05	699.30	39
Team 5	553.00	769.93	708.33	14	692.00	732.35	599.68	37
Team 6	1,208.00	1,076.80	435.45	10	614.50	774.00	568.73	20
Team 8	830.00	1,101.57	696.78	7	800.00	765.57	465.77	7
Team 9	271.00	456.86	426.94	7	500.00	693.23	549.15	35
Team 10	1,233.00	966.33	668.18	3	423.00	692.90	554.58	29
Team 11	728.00	644.20	345.84	5	437.00	527.63	410.39	40
Team 12	1,142.00	1,073.00	510.01	3	496.00	689.06	503.85	35
Team 13	564.00	665.76	452.96	17	1,068.50	972.61	607.19	18
Team 15	429.00	640.20	568.81	10	1,352.00	1,133.18	684.63	33
Team 17	913.50	807.75	497.19	12	552.00	722.66	537.78	61
Team 18	481.00	976.45	774.95	11	593.00	774.63	617.62	24
Team 19	361.00	589.00	580.91	11	227.50	469.05	503.21	22
Team 21	1,029.00	908.00	442.69	4	272.00	481.71	524.01	17
Team 23	217.00	490.67	695.72	6	275.50	570.14	573.81	42
Team 27	228.50	378.33	485.49	12	364.00	598.21	509.27	29
Team 28	1,596.00	1,425.50	384.85	4	300.00	571.81	605.37	16
Team 32	869.00	869.00	0	1	980.00	1,072.10	597.78	10
Team 33	432.50	584.04	500.54	24	238.00	409.38	365.48	21
Team 48	527.50	721.50	703.32	8	218.00	507.68	547.74	37
Team 61	482.00	749.57	760.22	7	291.50	461.72	463.85	32
Team 62	390.50	457.75	244.90	8	218.00	257.81	211.88	31
Team 64	870.00	856.11	773.62	9	649.00	776.33	599.52	30
Team 65	195.00	497.82	498.13	11	346.00	591.43	528.98	37
Team 68	984.00	1,002.60	691.07	5	395.50	626.96	578.37	24
Team 70	261.00	281.00	205.49	4	627.50	889.61	769.39	18
Team 71	-	-	-	-	-	-	-	-
Team 80	704.00	662.33	507.28	9	299.00	606.40	603.10	42
Team 81	277.00	423.29	461.92	7	281.00	392.00	358.33	28
Team 82	304.00	460.85	377.06	13	284.00	444.26	384.81	19
Team 83	370.00	658.71	626.14	7	154.00	298.05	302.96	41
Team 84	844.50	860.50	654.90	4	289.50	435.93	392.88	42
Team 85	197.00	197.00	97.58	2	312.00	349.82	203.22	11
Team 87	1,248.00	1,221.40	43.10	5	1,057.50	958.38	285.37	8
Team 88	416.50	406.50	254.02	4	280.00	397.38	274.41	24
Team 89	456.50	537.00	485.22	4	286.00	385.48	315.72	23
Team 90	952.00	952.00	234.76	2	819.00	811.86	462.46	7
Team 91	411.50	476.67	315.02	6	259.00	439.71	326.19	21
Team 92	1,170.00	876.45	525.85	11	458.00	750.45	627.34	11
Total	524.50	698.80	566.06	302	385.50	621.16	553.80	1,054

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



Top Four Reasons for Program Exit by Team - FY 2017
Percent and Number within Team

Team	Overall (Prenatal and Postnatal Combined)							
	#1 Completed Program		#2 Did Not Respond to Outreach Efforts		#3 Family Refused Further Services		#4 Moved Away	
	%	n	%	n	%	n	%	n
Team 2	31.8	14	18.2	8	2.3	1	13.6	6
Team 3	29.5	13	9.1	4	20.5	9	6.8	3
Team 5	23.5	12	19.6	10	31.4	16	3.9	2
Team 6	46.7	14	0.0	0	20.0	6	23.3	7
Team 8	28.6	4	7.1	1	7.1	1	0.0	0
Team 9	21.4	9	19.0	8	11.9	5	7.1	3
Team 10	32.3	10	6.5	2	9.7	3	3.2	1
Team 11	8.9	4	35.6	16	11.1	5	4.4	2
Team 12	15.8	6	26.3	10	7.9	3	15.8	6
Team 13	22.9	8	8.6	3	11.4	4	31.4	11
Team 15	39.5	17	4.7	2	0.0	0	27.9	12
Team 17	6.8	5	8.2	6	2.7	2	11.0	8
Team 18	28.6	10	11.4	4	5.7	2	22.9	8
Team 19	9.1	3	12.1	4	21.2	7	12.1	4
Team 21	23.8	5	9.5	2	38.1	8	9.5	2
Team 23	18.8	9	14.6	7	20.8	10	10.4	5
Team 27	9.8	4	22.0	9	31.7	13	9.8	4
Team 28	35.0	7	20.0	4	20.0	4	20.0	4
Team 32	27.3	3	0.0	0	0.0	0	18.2	2
Team 33	8.9	4	6.7	3	11.1	5	37.8	17
Team 48	13.3	6	22.2	10	24.4	11	15.6	7
Team 61	7.7	3	41.0	16	17.9	7	15.4	6
Team 62	0.0	0	7.9	3	31.6	12	18.4	7
Team 64	28.2	11	15.4	6	20.5	8	15.4	6
Team 65	10.4	5	16.7	8	2.1	1	4.2	2
Team 68	20.7	6	10.3	3	17.2	5	17.2	5
Team 70	27.3	6	9.1	2	27.3	6	22.7	5
Team 71	-	-	-	-	-	-	-	-
Team 80	21.6	11	27.5	14	17.6	9	7.8	4
Team 81	8.6	3	22.9	8	14.3	5	25.7	9
Team 82	6.3	2	31.3	10	6.3	2	12.5	4
Team 83	0.0	0	18.8	9	56.3	27	12.5	6
Team 84	13.0	6	32.6	15	6.5	3	6.5	3
Team 85	0.0	0	30.8	4	0.0	0	23.1	3
Team 87	69.2	9	7.7	1	0.0	0	0.0	0
Team 88	0.0	0	21.4	6	3.6	1	17.9	5
Team 89	0.0	0	14.8	4	25.9	7	14.8	4
Team 90	11.1	1	33.3	3	0.0	0	22.2	2
Team 91	0.0	0	14.8	4	18.5	5	11.1	3
Team 92	31.8	7	18.2	4	0.0	0	27.3	6
Total	17.5	237	17.2	233	15.7	213	14.3	194



Health Insurance at Intake by Team - FY 2017
Percent and number within Team *

Team	PRENATAL						POSTNATAL					
	None		AHCCCS		Private		None		AHCCCS		Private	
	%	n	%	n	%	n	%	n	%	n	%	n
Team 2	9.1	2	86.4	19	4.5	1	4	82.2	83	12.9	13	
Team 3	13.3	2	80.0	12	6.7	1	7.9	8	82.2	83	7.9	8
Team 5	0.0	0	81.5	22	14.8	4	9.5	10	81.0	85	9.5	10
Team 6	3.2	1	87.1	27	0.0	0	3.8	3	89.7	70	6.4	5
Team 8	0.0	0	100	7	0.0	0	0.0	0	85.7	6	14.3	1
Team 9	4.0	1	84.0	21	12.0	3	2.0	2	76.2	77	19.8	20
Team 10	8.7	2	69.6	16	17.4	4	4.9	4	74.1	60	21.0	17
Team 11	0.0	0	82.4	14	17.6	3	0.0	0	76.8	76	23.2	23
Team 12	0.0	0	66.7	6	33.3	3	1.4	1	77.5	55	21.1	15
Team 13	0.0	0	97.6	40	2.4	1	4.5	3	91.0	61	4.5	3
Team 15	13.3	4	83.3	25	3.3	1	2.3	2	81.4	70	14.0	12
Team 17	0.0	0	85.7	12	14.3	2	4.1	3	78.1	57	17.8	13
Team 18	13.3	4	76.7	23	10.0	3	3.6	2	85.5	47	10.9	6
Team 19	13.6	3	77.3	17	9.1	2	20.5	16	67.9	53	11.5	9
Team 21	14.3	1	57.1	4	28.6	2	1.5	1	78.8	52	19.7	13
Team 23	4.0	1	84.0	21	12.0	3	11.8	13	77.3	85	9.1	10
Team 27	5.3	1	84.2	16	5.3	1	1.1	1	87.1	81	10.8	10
Team 28	0.0	0	56.3	9	43.8	7	0.0	0	72.0	36	26.0	13
Team 32	7.7	1	69.2	9	7.7	1	1.9	1	94.3	50	1.9	1
Team 33	7.0	4	78.9	45	14.0	8	4.8	3	80.6	50	14.5	9
Team 48	12.5	3	79.2	19	8.3	2	14.2	16	67.3	76	17.7	20
Team 61	4.5	1	90.9	20	4.5	1	10.6	11	77.9	81	11.5	12
Team 62	12.5	2	87.5	14	0.0	0	14.6	14	76.0	73	8.3	8
Team 64	10.7	3	78.6	22	10.7	3	13.0	13	78.0	78	9.0	9
Team 65	9.1	2	81.8	18	9.1	2	15.9	17	76.6	82	7.5	8
Team 68	26.7	4	73.3	11	0.0	0	7.1	5	80.0	56	12.9	9
Team 70	4.3	1	95.7	22	0.0	0	1.3	1	89.7	70	9.0	7
Team 71	-	-	-	-	-	-	33.3	1	33.3	1	33.3	1
Team 80	13.8	4	79.3	23	6.9	2	17.4	19	75.2	82	6.4	7
Team 81	10.5	2	73.7	14	10.5	2	2.5	2	73.8	59	23.8	19
Team 82	3.6	1	82.1	23	14.3	4	3.8	2	80.8	42	13.5	7
Team 83	8.7	2	87.0	20	4.3	1	15.7	17	75.0	81	8.3	9
Team 84	0.0	0	93.3	14	6.7	1	10.2	10	84.7	83	5.1	5
Team 85	0.0	0	100	3	0.0	0	0.0	0	76.9	20	23.1	6
Team 87	0.0	0	90.9	10	9.1	1	10.7	3	82.1	23	3.6	1
Team 88	0.0	0	81.8	9	18.2	2	12.5	11	76.1	67	9.1	8
Team 89	0.0	0	86.7	13	13.3	2	8.5	7	82.9	68	8.5	7
Team 90	0.0	0	77.8	7	22.2	2	0.0	0	95.8	23	4.2	1
Team 91	0.0	0	100	12	0.0	0	5.0	2	77.5	31	17.5	7
Team 92	0.0	0	47.4	9	52.6	10	0.0	0	74.4	29	25.6	10
Total	6.5	52	81.6	648	10.7	85	7.6	228	79.2	2,362	12.5	372

*"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 2017 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	40.9% (9)	59.1% (13)	0.0% (0)	40.2% (41)	59.8% (61)	0.0% (0)
Team 3	20.0% (3)	80.0% (12)	0.0% (0)	42.0% (42)	57.0% (57)	1.0% (1)
Team 5	33.3% (9)	66.7% (18)	0.0% (0)	35.2% (37)	61.9% (65)	2.9% (3)
Team 6	22.6% (7)	77.4% (24)	0.0% (0)	46.2% (36)	47.4% (37)	6.4% (5)
Team 8	28.6% (2)	71.4% (5)	0.0% (0)	14.3% (1)	85.7% (6)	0.0% (0)
Team 9	28.0% (7)	72.0% (18)	0.0% (0)	23.5% (24)	75.5% (77)	1.0% (1)
Team 10	30.4% (7)	69.6% (16)	0.0% (0)	23.2% (19)	76.8% (63)	0.0% (0)
Team 11	23.5% (4)	76.5% (13)	0.0% (0)	28.4% (29)	68.6% (70)	2.9% (3)
Team 12	40.0% (4)	60.0% (6)	0.0% (0)	40.8% (29)	59.2% (42)	0.0% (0)
Team 13	27.9% (12)	72.1% (31)	0.0% (0)	28.4% (19)	71.6% (48)	0.0% (0)
Team 15	16.7% (5)	83.3% (25)	0.0% (0)	30.2% (26)	68.6% (59)	1.2% (1)
Team 17	14.3% (2)	85.7% (12)	0.0% (0)	27.0% (20)	70.3% (52)	2.7% (2)
Team 18	20.7% (6)	79.3% (23)	0.0% (0)	21.4% (12)	76.8% (43)	1.8% (1)
Team 19	9.1% (2)	90.9% (20)	0.0% (0)	38.5% (30)	60.3% (47)	1.3% (1)
Team 21	12.5% (1)	87.5% (7)	0.0% (0)	47.0% (31)	43.9% (29)	9.1% (6)
Team 23	24.0% (6)	76.0% (19)	0.0% (0)	39.1% (43)	60.9% (67)	0.0% (0)
Team 27	42.1% (8)	52.6% (10)	5.3% (1)	25.0% (23)	73.9% (68)	1.1% (1)
Team 28	6.3% (1)	93.8% (15)	0.0% (0)	36.0% (18)	64.0% (32)	0.0% (0)
Team 32	23.1% (3)	76.9% (10)	0.0% (0)	37.7% (20)	62.3% (33)	0.0% (0)
Team 33	24.6% (14)	73.7% (42)	1.8% (1)	39.7% (25)	60.3% (38)	0.0% (0)
Team 48	25.0% (6)	75.0% (18)	0.0% (0)	34.5% (39)	65.5% (74)	0.0% (0)
Team 61	27.3% (6)	72.7% (16)	0.0% (0)	32.4% (34)	67.6% (71)	0.0% (0)
Team 62	43.8% (7)	56.3% (9)	0.0% (0)	40.2% (39)	59.8% (58)	0.0% (0)
Team 64	32.1% (9)	67.9% (19)	0.0% (0)	34.3% (34)	65.7% (65)	0.0% (0)
Team 65	50.0% (11)	50.0% (11)	0.0% (0)	36.4% (39)	63.6% (68)	0.0% (0)
Team 68	53.3% (8)	46.7% (7)	0.0% (0)	34.3% (24)	65.7% (46)	0.0% (0)
Team 70	17.4% (4)	82.6% (19)	0.0% (0)	32.1% (25)	67.9% (53)	0.0% (0)
Team 71	-	-	-	0.0% (0)	100% (3)	0.0% (0)
Team 80	13.8% (4)	82.8% (24)	3.4% (1)	42.2% (46)	57.8% (63)	0.0% (0)
Team 81	21.1% (4)	68.4% (13)	10.5% (2)	25.0% (21)	71.4% (60)	3.6% (3)
Team 82	37.9% (11)	55.2% (16)	6.9% (2)	35.2% (19)	59.3% (32)	5.6% (3)
Team 83	17.4% (4)	82.6% (19)	0.0% (0)	38.0% (41)	62.0% (67)	0.0% (0)
Team 84	33.3% (5)	66.7% (10)	0.0% (0)	41.2% (40)	58.8% (57)	0.0% (0)
Team 85	33.3% (1)	66.7% (2)	0.0% (0)	30.8% (8)	69.2% (18)	0.0% (0)
Team 87	0.0% (0)	81.8% (9)	18.2% (2)	20.7% (6)	58.6% (17)	20.7% (6)
Team 88	54.5% (6)	45.5% (5)	0.0% (0)	44.3% (39)	55.7% (49)	0.0% (0)
Team 89	33.3% (5)	66.7% (10)	0.0% (0)	34.1% (28)	65.9% (54)	0.0% (0)
Team 90	10.0% (1)	90.0% (9)	0.0% (0)	16.7% (4)	83.3% (20)	0.0% (0)
Team 91	41.7% (5)	50.0% (6)	8.3% (1)	20.0% (8)	75.0% (30)	5.0% (2)
Team 92	11.1% (2)	88.9% (16)	0.0% (0)	15.4% (6)	82.1% (32)	2.6% (1)
Total	26.4% (211)	72.3% (577)	1.3% (10)	34.2% (1,025)	64.5% (1,931)	1.3% (40)



Race of Mother by Site PRENATAL - FY 2017

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	72.7	16	13.6	3	0.0	0	4.5	1	9.1	2
Team 3	66.7	10	13.3	2	0.0	0	6.7	1	13.3	2
Team 5	81.5	22	11.1	3	0.0	0	3.7	1	3.7	1
Team 6	100	31	0.0	0	0.0	0	0.0	0	0.0	0
Team 8	85.7	6	0.0	0	0.0	0	14.3	1	0.0	0
Team 9	80.0	20	12.0	3	0.0	0	4.0	1	4.0	1
Team 10	73.9	17	4.3	1	8.7	2	0.0	0	13.0	3
Team 11	88.2	15	5.9	1	0.0	0	0.0	0	5.9	1
Team 12	80.0	8	0.0	0	10.0	1	0.0	0	10.0	1
Team 13	2.3	1	0.0	0	0.0	0	95.5	42	2.3	1
Team 15	86.7	26	0.0	0	0.0	0	0.0	0	13.3	4
Team 17	78.6	11	0.0	0	7.1	1	0.0	0	14.3	2
Team 18	50.0	15	3.3	1	0.0	0	33.3	10	13.3	4
Team 19	72.7	16	9.1	2	4.5	1	4.5	1	9.1	2
Team 21	100	7	0.0	0	0.0	0	0.0	0	0.0	0
Team 23	66.7	16	12.5	3	0.0	0	8.3	2	12.5	3
Team 27	89.5	17	10.5	2	0.0	0	0.0	0	0.0	0
Team 28	93.8	15	0.0	0	0.0	0	6.3	1	0.0	0
Team 32	23.1	3	7.7	1	0.0	0	61.5	8	7.7	1
Team 33	77.2	44	0.0	0	0.0	0	3.5	2	19.3	11
Team 48	91.3	21	4.3	1	0.0	0	0.0	0	4.3	1
Team 61	72.7	16	0.0	0	4.5	1	4.5	1	18.2	4
Team 62	75.0	12	12.5	2	0.0	0	6.3	1	6.3	1
Team 64	85.7	24	0.0	0	0.0	0	0.0	0	14.3	4
Team 65	72.7	16	13.6	3	0.0	0	0.0	0	13.6	3
Team 68	80.0	12	0.0	0	0.0	0	6.7	1	13.3	2
Team 70	81.8	18	4.5	1	0.0	0	0.0	0	13.6	3
Team 71	-	-	-	-	-	-	-	-	-	-
Team 80	89.7	26	0.0	0	0.0	0	3.4	1	6.9	2
Team 81	63.2	12	15.8	3	10.5	2	5.3	1	5.3	1
Team 82	69.0	20	6.9	2	0.0	0	10.3	3	13.8	4
Team 83	73.9	17	17.4	4	0.0	0	0.0	0	8.7	2
Team 84	100	14	0.0	0	0.0	0	0.0	0	0.0	0
Team 85	100	3	0.0	0	0.0	0	0.0	0	0.0	0
Team 87	90.9	10	0.0	0	0.0	0	0.0	0	9.1	1
Team 88	72.7	8	18.2	2	0.0	0	9.1	1	0.0	0
Team 89	73.3	11	13.3	2	0.0	0	6.7	1	6.7	1
Team 90	30.0	3	0.0	0	0.0	0	50.0	5	20.0	2
Team 91	75.0	9	0.0	0	0.0	0	8.3	1	16.7	2
Team 92	94.4	17	0.0	0	0.0	0	0.0	0	5.6	1
Total	73.6	585	5.3	42	1.0	8	10.9	87	9.2	73



Race of Mother by Site POSTNATAL - FY 2017

Percent and number within Team

Team	Caucasian		African American		Asian American		Native American		Mixed/ Other	
	%	n	%	n	%	n	%	n	%	n
Team 2	81.2	82	6.9	7	0.0	0	2.0	2	9.9	10
Team 3	76.2	77	10.9	11	1.0	1	1.0	1	10.9	11
Team 5	79.0	83	13.3	14	0.0	0	3.8	4	3.8	4
Team 6	98.7	77	0.0	0	0.0	0	1.3	1	0.0	0
Team 8	71.4	5	28.6	2	0.0	0	0.0	0	0.0	0
Team 9	76.2	77	5.9	6	2.0	2	5.9	6	9.9	10
Team 10	85.4	70	6.1	5	0.0	0	3.7	3	4.9	4
Team 11	86.3	88	3.9	4	2.0	2	2.9	3	4.9	5
Team 12	71.8	51	8.5	6	1.4	1	0.0	0	18.3	13
Team 13	1.5	1	0.0	0	0.0	0	97.1	66	1.5	1
Team 15	73.3	63	0.0	0	0.0	0	1.2	1	25.6	22
Team 17	80.8	59	0.0	0	0.0	0	1.4	1	17.8	13
Team 18	51.8	29	0.0	0	0.0	0	32.1	18	16.1	9
Team 19	88.5	69	1.3	1	3.8	3	2.6	2	3.8	3
Team 21	85.1	57	3.0	2	0.0	0	3.0	2	9.0	6
Team 23	77.3	85	7.3	8	0.0	0	2.7	3	12.7	14
Team 27	84.9	79	4.3	4	2.2	2	5.4	5	3.2	3
Team 28	85.4	41	0.0	0	2.1	1	10.4	5	2.1	1
Team 32	20.8	11	0.0	0	1.9	1	67.9	36	9.4	5
Team 33	83.3	50	1.7	1	0.0	0	1.7	1	13.3	8
Team 48	80.5	91	8.8	10	2.7	3	0.9	1	7.1	8
Team 61	67.3	70	18.3	19	1.0	1	1.9	2	11.5	12
Team 62	67.0	65	8.2	8	2.1	2	5.2	5	17.5	17
Team 64	87.9	87	7.1	7	0.0	0	1.0	1	4.0	4
Team 65	86.0	92	5.6	6	0.9	1	0.0	0	7.5	8
Team 68	82.9	58	1.4	1	2.9	2	2.9	2	10.0	7
Team 70	57.7	45	1.3	1	0.0	0	2.6	2	38.5	30
Team 71	33.3	1	33.3	1	0.0	0	0.0	0	33.3	1
Team 80	77.8	84	6.5	7	0.0	0	1.9	2	13.9	15
Team 81	76.2	64	8.3	7	7.1	6	3.6	3	4.8	4
Team 82	83.0	44	3.8	2	1.9	1	1.9	1	9.4	5
Team 83	83.3	90	4.6	5	0.0	0	0.0	0	12.0	13
Team 84	80.6	79	9.2	9	3.1	3	4.1	4	3.1	3
Team 85	88.5	23	3.8	1	0.0	0	3.8	1	3.8	1
Team 87	93.1	27	0.0	0	0.0	0	0.0	0	6.9	2
Team 88	77.3	68	6.8	6	0.0	0	6.8	6	9.1	8
Team 89	80.5	66	7.3	6	0.0	0	2.4	2	9.8	8
Team 90	25.0	6	0.0	0	0.0	0	58.3	14	16.7	4
Team 91	64.1	25	0.0	0	2.6	1	28.2	11	5.1	2
Team 92	87.2	34	0.0	0	0.0	0	7.7	3	5.1	2
Total	76.0	2,273	5.6	167	1.1	33	7.4	220	9.9	296



Hispanic Ethnicity of Mother by Team- FY 2017

Team	Percent Hispanic Prenatal	Percent Hispanic Postnatal	Percent Hispanic Total
Team 2	40.9	61.8	58.1
Team 3	46.7	64.4	62.1
Team 5	48.1	57.1	55.3
Team 6	100	96.2	97.2
Team 8	85.7	71.4	78.6
Team 9	60.0	41.2	44.9
Team 10	78.3	73.2	74.3
Team 11	64.7	64.7	64.7
Team 12	30.0	28.2	28.4
Team 13	2.3	2.9	2.7
Team 15	96.7	93.0	94.0
Team 17	50.0	43.2	44.3
Team 18	46.7	41.1	43.0
Team 19	54.5	67.9	65.0
Team 21	25.0	29.9	29.3
Team 23	40.0	63.6	59.3
Team 27	68.4	62.4	63.4
Team 28	37.5	44.0	42.4
Team 32	23.1	18.9	19.7
Team 33	24.6	22.2	23.3
Team 48	70.8	67.3	67.9
Team 61	59.1	55.2	55.9
Team 62	62.5	69.1	68.1
Team 64	53.6	66.0	63.3
Team 65	50.0	67.3	64.3
Team 68	60.0	25.7	31.8
Team 70	91.3	83.3	85.1
Team 71	-	66.7	66.7
Team 80	69.0	68.8	68.8
Team 81	47.4	50.0	49.5
Team 82	75.9	55.6	62.7
Team 83	69.6	77.8	76.3
Team 84	73.3	43.9	47.8
Team 85	66.7	42.3	44.8
Team 87	72.7	58.6	62.5
Team 88	45.5	65.9	63.6
Team 89	46.7	41.5	42.3
Team 90	30.0	33.3	32.4
Team 91	41.7	15.0	21.2
Team 92	47.4	56.4	53.4
Total	54.6	56.4	56.0



Gestational Age by Team - FY 2017
(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	90.0	18	10.0	2	78.4	80	21.6	22
Team 3	92.9	13	7.1	1	81.0	81	19.0	19
Team 5	83.3	20	16.7	4	80.0	84	20.0	21
Team 6	100	26	0.0	0	88.5	69	11.5	9
Team 8	71.4	5	28.6	2	57.1	4	42.9	3
Team 9	85.0	17	15.0	3	85.3	87	14.7	15
Team 10	89.5	17	10.5	2	90.2	74	9.8	8
Team 11	93.3	14	6.7	1	91.1	92	8.9	9
Team 12	100	8	0.0	0	86.4	57	13.6	9
Team 13	100	19	0.0	0	92.6	63	7.4	5
Team 15	90.9	20	9.1	2	88.4	76	11.6	10
Team 17	92.3	12	7.7	1	90.3	65	9.7	7
Team 18	90.0	27	10.0	3	87.0	47	13.0	7
Team 19	85.7	18	14.3	3	90.8	69	9.2	7
Team 21	100	5	0.0	0	93.9	62	6.1	4
Team 23	70.8	17	29.2	7	77.8	84	22.2	24
Team 27	92.9	13	7.1	1	94.6	88	5.4	5
Team 28	92.9	13	7.1	1	90.0	45	10.0	5
Team 32	100	9	0.0	0	92.2	47	7.8	4
Team 33	88.6	39	11.4	5	85.5	53	14.5	9
Team 48	86.4	19	13.6	3	88.5	100	11.5	13
Team 61	81.8	18	18.2	4	81.9	86	18.1	19
Team 62	100	15	0.0	0	83.5	81	16.5	16
Team 64	78.3	18	21.7	5	84.0	84	16.0	16
Team 65	90.5	19	9.5	2	83.0	88	17.0	18
Team 68	92.3	12	7.7	1	85.5	59	14.5	10
Team 70	100	17	0.0	0	90.8	69	9.2	7
Team 71	-	-	-	-	100	3	0.0	0
Team 80	92.0	23	8.0	2	83.5	91	16.5	18
Team 81	87.5	14	12.5	2	87.8	72	12.2	10
Team 82	88.9	16	11.1	2	90.4	47	9.6	5
Team 83	84.2	16	15.8	3	85.0	91	15.0	16
Team 84	92.9	13	7.1	1	89.8	88	10.2	10
Team 85	100	2	0.0	0	80.0	20	20.0	5
Team 87	100	10	0.0	0	100	28	0.0	0
Team 88	100	10	0.0	0	88.5	77	11.5	10
Team 89	85.7	12	14.3	2	82.9	68	17.1	14
Team 90	100	10	0.0	0	91.7	22	8.3	2
Team 91	90.0	9	10.0	1	97.5	39	2.5	1
Team 92	94.7	18	5.3	1	97.4	38	2.6	1
Total	90.0	601	10.0	67	86.8	2,578	13.2	393



Low Birth Weight by Team - FY 2017 (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	90.0	18	10.0	2	87.9	87	12.1	12
Team 3	100	13	0.0	0	82.7	81	17.3	17
Team 5	85.7	18	14.3	3	83.7	87	16.3	17
Team 6	100	20	0.0	0	89.5	68	10.5	8
Team 8	71.4	5	28.6	2	50.0	3	50.0	3
Team 9	94.1	16	5.9	1	86.1	87	13.9	14
Team 10	85.0	17	15.0	3	90.2	74	9.8	8
Team 11	92.3	12	7.7	1	88.8	87	11.2	11
Team 12	100	6	0.0	0	90.0	63	10.0	7
Team 13	94.4	17	5.6	1	93.9	62	6.1	4
Team 15	94.7	18	5.3	1	88.2	67	11.8	9
Team 17	100	13	0.0	0	91.8	67	8.2	6
Team 18	88.9	24	11.1	3	87.5	49	12.5	7
Team 19	89.5	17	10.5	2	89.3	67	10.7	8
Team 21	80.0	4	20.0	1	92.3	60	7.7	5
Team 23	71.4	15	28.6	6	81.9	86	18.1	19
Team 27	92.9	13	7.1	1	91.2	83	8.8	8
Team 28	91.7	11	8.3	1	95.8	46	4.2	2
Team 32	100	8	0.0	0	96.2	50	3.8	2
Team 33	95.3	41	4.7	2	88.7	55	11.3	7
Team 48	100	21	0.0	0	94.4	102	5.6	6
Team 61	94.4	17	5.6	1	86.5	90	13.5	14
Team 62	85.7	12	14.3	2	87.8	79	12.2	11
Team 64	91.3	21	8.7	2	87.5	84	12.5	12
Team 65	90.0	18	10.0	2	84.0	84	16.0	16
Team 68	92.3	12	7.7	1	89.9	62	10.1	7
Team 70	100	17	0.0	0	92.9	65	7.1	5
Team 71	-	-	-	-	100	3	0.0	0
Team 80	92.3	24	7.7	2	89.3	92	10.7	11
Team 81	100	16	0.0	0	91.3	73	8.8	7
Team 82	90.0	18	10.0	2	88.7	47	11.3	6
Team 83	93.8	15	6.3	1	88.5	92	11.5	12
Team 84	75.0	9	25.0	3	92.5	86	7.5	7
Team 85	100	1	0.0	0	84.0	21	16.0	4
Team 87	100	6	0.0	0	100	28	0.0	0
Team 88	100	10	0.0	0	88.6	78	11.4	10
Team 89	92.3	12	7.7	1	87.8	72	12.2	10
Team 90	80.0	8	20.0	2	91.7	22	8.3	2
Team 91	100	10	0.0	0	94.9	37	5.1	2
Team 92	100	17	0.0	0	94.6	35	5.4	2
Total	92.1	570	7.9	49	89.0	2,581	11.0	318



Yearly Income by Team - FY 2017

Team	PRENATAL		POSTNATAL	
	Median Yearly Income	Number	Median Yearly Income	Number
Team 2	10,000	22	12,000	102
Team 3	12,000	15	10,800	101
Team 5	7,800	27	12,000	105
Team 6	11,520	31	10,980	78
Team 8	0	7	13,032	7
Team 9	9,840	25	15,000	102
Team 10	16,800	23	12,000	82
Team 11	12,000	17	15,600	102
Team 12	30,000	10	12,000	71
Team 13	3,600	44	6,000	68
Team 15	9,600	30	9,000	86
Team 17	21,000	14	17,040	74
Team 18	13,740	30	13,800	56
Team 19	15,000	22	14,400	78
Team 21	0	8	11,520	67
Team 23	12,000	25	14,400	110
Team 27	10,200	19	14,400	93
Team 28	10,164	16	17,696	50
Team 32	1,800	13	7,200	53
Team 33	14,400	57	12,000	63
Team 48	21,000	24	14,400	113
Team 61	10,200	22	15,000	105
Team 62	9,720	16	14,400	97
Team 64	14,400	28	14,400	100
Team 65	2,700	22	15,120	107
Team 68	13,200	15	14,400	70
Team 70	9,600	23	8,388	78
Team 71	-	-	14,400	3
Team 80	12,636	29	12,000	109
Team 81	15,600	19	14,400	84
Team 82	14,400	29	10,000	54
Team 83	14,400	23	12,000	108
Team 84	11,640	15	14,400	98
Team 85	21,600	3	19,920	26
Team 87	12,000	11	14,400	29
Team 88	14,400	11	14,400	88
Team 89	19,200	15	12,000	82
Team 90	6,000	10	8,760	24
Team 91	12,600	12	18,972	40
Team 92	26,000	19	14,400	39
Total	12,000	801	13,200	3,002



Mother's Parent Survey Score by Team - FY 2017

Team	PRENATAL				POSTNATAL			
	0 - 20	25 - 40	45 - 65	70+	0 - 20	25 - 40	45 - 65	70+
Team 2	4.5%	27.3%	59.1%	9.1%	0.0%	15.7%	68.6%	15.7%
Team 3	0.0%	40.0%	40.0%	20.0%	1.0%	24.8%	59.4%	14.9%
Team 5	0.0%	37.0%	55.6%	7.4%	1.0%	17.1%	71.4%	10.5%
Team 6	6.5%	90.3%	3.2%	0.0%	7.7%	75.6%	14.1%	2.6%
Team 8	0.0%	57.1%	42.9%	0.0%	28.6%	71.4%	0.0%	0.0%
Team 9	0.0%	20.0%	76.0%	4.0%	5.9%	38.2%	51.0%	4.9%
Team 10	4.3%	56.5%	26.1%	13.0%	3.7%	46.3%	46.3%	3.7%
Team 11	0.0%	58.8%	41.2%	0.0%	1.0%	60.8%	37.3%	1.0%
Team 12	0.0%	50.0%	50.0%	0.0%	4.2%	63.4%	29.6%	2.8%
Team 13	0.0%	65.9%	34.1%	0.0%	0.0%	80.9%	19.1%	0.0%
Team 15	6.7%	66.7%	26.7%	0.0%	8.1%	66.3%	23.3%	2.3%
Team 17	7.1%	57.1%	28.6%	7.1%	2.7%	67.6%	27.0%	2.7%
Team 18	3.3%	66.7%	30.0%	0.0%	3.6%	62.5%	32.1%	1.8%
Team 19	0.0%	22.7%	63.6%	13.6%	1.3%	23.1%	55.1%	20.5%
Team 21	0.0%	50.0%	37.5%	12.5%	1.5%	41.8%	52.2%	4.5%
Team 23	4.0%	8.0%	72.0%	16.0%	0.0%	28.2%	56.4%	15.5%
Team 27	0.0%	47.4%	52.6%	0.0%	5.4%	57.0%	35.5%	2.2%
Team 28	0.0%	50.0%	50.0%	0.0%	2.0%	60.0%	36.0%	2.0%
Team 32	0.0%	38.5%	53.8%	7.7%	1.9%	40.4%	48.1%	9.6%
Team 33	5.4%	28.6%	58.9%	7.1%	1.6%	41.3%	52.4%	4.8%
Team 48	0.0%	58.3%	33.3%	8.3%	0.9%	27.4%	63.7%	8.0%
Team 61	0.0%	31.8%	54.5%	13.6%	2.9%	35.2%	50.5%	11.4%
Team 62	0.0%	6.3%	68.8%	25.0%	4.1%	29.9%	48.5%	17.5%
Team 64	0.0%	35.7%	57.1%	7.1%	0.0%	30.0%	59.0%	11.0%
Team 65	0.0%	50.0%	50.0%	0.0%	0.0%	29.0%	56.1%	15.0%
Team 68	0.0%	6.7%	80.0%	13.3%	0.0%	17.1%	60.0%	22.9%
Team 70	4.3%	60.9%	30.4%	4.3%	11.5%	50.0%	32.1%	6.4%
Team 71	-	-	-	-	0.0%	100%	0.0%	0.0%
Team 80	0.0%	24.1%	62.1%	13.8%	0.9%	34.9%	47.7%	16.5%
Team 81	0.0%	31.6%	63.2%	5.3%	2.4%	38.1%	58.3%	1.2%
Team 82	3.4%	41.4%	44.8%	10.3%	1.9%	55.6%	40.7%	1.9%
Team 83	0.0%	21.7%	65.2%	13.0%	1.9%	25.0%	63.9%	9.3%
Team 84	0.0%	26.7%	66.7%	6.7%	1.0%	18.4%	64.3%	16.3%
Team 85	0.0%	66.7%	33.3%	0.0%	3.8%	50.0%	46.2%	0.0%
Team 87	0.0%	81.8%	18.2%	0.0%	3.4%	58.6%	37.9%	0.0%
Team 88	0.0%	45.5%	45.5%	9.1%	3.4%	36.4%	42.0%	18.2%
Team 89	0.0%	33.3%	66.7%	0.0%	0.0%	15.9%	68.3%	15.9%
Team 90	0.0%	40.0%	40.0%	20.0%	4.2%	41.7%	45.8%	8.3%
Team 91	0.0%	50.0%	50.0%	0.0%	0.0%	57.5%	42.5%	0.0%
Team 92	10.5%	57.9%	31.6%	0.0%	0.0%	74.4%	23.1%	2.6%
Total	2.0%	43.4%	47.9%	6.8%	2.5%	40.2%	48.4%	9.0%



Trimester of Enrollment into Prenatal Program by Team - FY 2017

Team	1 st Trimester		2 nd Trimester		3 rd Trimester		Other/ Unknown		Total
	#	%	#	%	#	%	#	%	#
Team 2	1	4.5	11	50.0	10	45.5	0	0.0	22
Team 3	1	6.7	8	53.3	4	26.7	2	13.3	15
Team 5	1	3.7	10	37.0	16	59.3	0	0.0	27
Team 6	6	19.4	12	38.7	12	38.7	1	3.2	31
Team 8	2	28.6	3	42.9	2	28.6	0	0.0	7
Team 9	5	20.0	7	28.0	12	48.0	1	4.0	25
Team 10	2	8.7	9	39.1	12	52.2	0	0.0	23
Team 11	0	0.0	5	29.4	12	70.6	0	0.0	17
Team 12	3	30.0	2	20.0	4	40.0	1	10.0	10
Team 13	11	25.0	17	38.6	16	36.4	0	0.0	44
Team 15	4	13.3	11	36.7	14	46.7	1	3.3	30
Team 17	0	0.0	2	14.3	11	78.6	1	7.1	14
Team 18	5	16.7	5	16.7	20	66.7	0	0.0	30
Team 19	0	0.0	10	45.5	12	54.5	0	0.0	22
Team 21	0	0.0	4	50.0	4	50.0	0	0.0	8
Team 23	1	4.0	8	32.0	16	64.0	0	0.0	25
Team 27	1	5.3	6	31.6	12	63.2	0	0.0	19
Team 28	5	31.3	5	31.3	6	37.5	0	0.0	16
Team 32	2	15.4	7	53.8	3	23.1	1	7.7	13
Team 33	15	26.3	28	49.1	14	24.6	0	0.0	57
Team 48	4	16.7	5	20.8	14	58.3	1	4.2	24
Team 61	1	4.5	10	45.5	11	50.0	0	0.0	22
Team 62	1	6.3	7	43.8	8	50.0	0	0.0	16
Team 64	2	7.1	8	28.6	18	64.3	0	0.0	28
Team 65	3	13.6	5	22.7	14	63.6	0	0.0	22
Team 68	2	13.3	6	40.0	7	46.7	0	0.0	15
Team 70	1	4.3	12	52.2	10	43.5	0	0.0	23
Team 71	-	-	-	-	-	-	-	-	-
Team 80	4	13.8	10	34.5	15	51.7	0	0.0	29
Team 81	2	10.5	3	15.8	14	73.7	0	0.0	19
Team 82	10	34.5	11	37.9	7	24.1	1	3.4	29
Team 83	3	13.0	8	34.8	12	52.2	0	0.0	23
Team 84	0	0.0	8	53.3	7	46.7	0	0.0	15
Team 85	1	33.3	2	66.7	0	0.0	0	0.0	3
Team 87	0	0.0	3	27.3	8	72.7	0	0.0	11
Team 88	0	0.0	5	45.5	6	54.5	0	0.0	11
Team 89	2	13.3	6	40.0	7	46.7	0	0.0	15
Team 90	1	10.0	2	20.0	7	70.0	0	0.0	10
Team 91	1	8.3	4	33.3	7	58.3	0	0.0	12
Team 92	2	10.5	10	52.6	7	36.8	0	0.0	19
Total	105	13.1	295	36.8	391	48.8	10	1.2	801



Engaged Prenatal Families that Exited Before Baby's Birth By Team - 2017

Team	Total Families	# Closed Before birth	% Closed Before birth
Team 2	21	1	4.5
Team 3	15	0	0.0
Team 5	27	0	0.0
Team 6	31	0	0.0
Team 8	7	0	0.0
Team 9	24	1	4.0
Team 10	23	0	0.0
Team 11	17	0	0.0
Team 12	10	0	0.0
Team 13	44	0	0.0
Team 15	30	0	0.0
Team 17	14	0	0.0
Team 18	30	0	0.0
Team 19	22	0	0.0
Team 21	8	0	0.0
Team 23	25	0	0.0
Team 27	19	0	0.0
Team 28	16	0	0.0
Team 32	13	0	0.0
Team 33	56	1	1.8
Team 48	24	0	0.0
Team 61	22	0	0.0
Team 62	16	0	0.0
Team 64	27	1	3.6
Team 65	21	1	4.5
Team 68	15	0	0.0
Team 70	22	1	4.3
Team 71	-	-	-
Team 80	28	1	3.4
Team 81	18	1	5.3
Team 82	27	2	6.9
Team 83	23	0	0.0
Team 84	15	0	0.0
Team 85	2	1	33.3
Team 87	11	0	0.0
Team 88	11	0	0.0
Team 89	15	0	0.0
Team 90	10	0	0.0
Team 91	12	0	0.0
Team 92	19	0	0.0
Total	790	11	1.4



Appendix B. Healthy Families Arizona Advisory Board Members

Susan Blackburn-Love

Amy Hodgson

Arizona Department of Child Safety,
Healthy Families Arizona
Central Administration

Rebecca Ruffner

Prevent Child Abuse Arizona
Committee Chairperson

Michel Lahti

Darlene Lopez

LeCroy & Milligan Associates

Ginger Ward

Suzanne Schunk

Southwest Human Development

Pauline Haas-Vaughn

Child and Family Resources

Erika Mendoza

Parenting Arizona

Peggy Peixoto

Cradles to Crayons

Sue Smith

Arizona Department of Child Safety,
Office of Prevention

Carol Lopinski

First Things First

Mary Warren

Prevent Child Abuse Arizona

Kelley Murphy

Children's Action Alliance

Judy Krysik

Arizona State University

Joanne M. Karolzak

Casa de los Niños

Michael Oxtoby

Coconino County Public Health
Services District

Jessica Stewart

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



Appendix C. Parent Survey

Parent Survey*

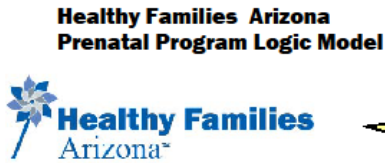
Problem Areas and Interpretation (Mother & Father)

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

* Modified from the Family Stress Checklist



Appendix D. Healthy Families Arizona Prenatal Logic Model



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

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

Prenatal Program Objectives

1. Increase the family's support network	2. Improve mother's mental health	3. Increase parents' health behaviors	4. Increase the family members' problem solving skills	5. Improve nutrition	6. Increase empathy for the unborn baby	7. Increase father involvement	8. Increase safety in the home environment	9. Increase the delivery of healthy babies, free from birth complications
Program Activities and Strategies								
Assess family's support systems Model relationship skills Foster connections to positive support sources Educate on communication skills, community resources, and social connections	Review history of birthing Identify and Address signs and history of depression, trauma, mental illness, substance abuse, and issues of grief and loss Encourage medical assessment, referral and treatment if needed Encourage/coach on exercise, self-care, rest Educate on post-partum depression	Educate on the effect of drugs, medicines, and maternal stress on fetus Assess personal risk behaviors; Educate on dangers of specific risk behaviors Teach stress reduction techniques 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 Family Goal to review progress Educate on how to access community resources Make referrals as needed for anger and stress management	Educate and provide materials on nutrition during pregnancy, buying and choosing healthy foods, and requirements for healthy fetal development Provide referrals to WIC, and 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 and expectations, childhood experiences, 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 and promote necessary safety preparations, e.g. car seat, pets, SIDS, safe sleeping, child care, and feeding Educate on baby temperaments, how to calm baby, Shaken Baby Syndrome, medical concerns Refer to parenting workshops	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								
Healthy Families Parenting Inventory-Prenatal(HFPIP);FSS-23	HFPIP; CRAFFT; Edinburgh	HFPIP; CRAFFT	HFPIP; Family Goal Plan	HFPIP; FSS-23	HFPIP	HFPIP	HFPIP; Safety checklist	HFPIP; FSS20P

Program Resources

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

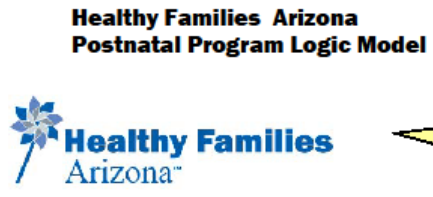
Other Resources

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

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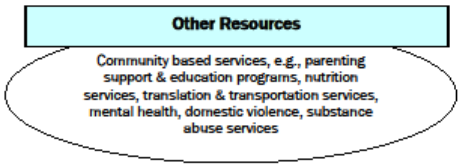
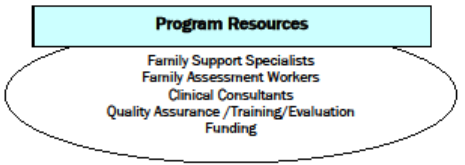
Appendix E. Healthy Families Arizona Postnatal Logic Model



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

Postnatal Program Objectives

1. Increase the family's support network	2. Improve mother's mental health	3. Increase parents' health behaviors	4. Increase the family members' problem solving skills	5. Improve family stability	6. Increase parental competence	7. Increase positive parent-child interaction	8. Improve child health and safety	9. Optimize child development	10. 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, community resources, and social connections	Identify and Address signs and history of depression, trauma, mental illness, substance abuse, and issues of grief and loss Encourage medical assessment, referral and treatment if needed Encourage/coach on exercise, self-care, rest Educate on post-partum depression	Assess personal risk behaviors; Educate on dangers of specific risk behaviors Teach stress reduction techniques 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 Family Goal to review progress Educate on how to access community resources Educate about effect of stress on child Make referrals as needed for anger and stress management	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, provide links to early childhood playgroups, story-time, etc. Encourage father and/or male family member involvement, family celebrations and family activities	Promote and teach the importance of medical screenings, well child checks, and immunizations Educate about safe sleep, Shaken Baby syndrome, and good nutrition habits Assess and Guide family in making safety arrangements, e.g., home and car safety Refer to health and safety resources as needed	Complete developmental assessments and make referrals Promote play, reading; provide links to early childhood programs Educate about child development and provide child development activities	Assess risk of child abuse and neglect Coach and guide in choices for child care Educate about consequences of child abuse and neglect
Outcome Evaluation Measures									
Healthy Families Parenting Inventory (HFPI); FSS-23	HFPI; CRAFFT; Edinburgh	HFPI; FSS-20; CRAFFT	HFPI; Family Goal Plan	HFPI; FSS-20	HFPI	HFPI; Parent-Child Interaction tool	HFPI; FSS-20; Safety checklist	ASQ, ASQ-SE	HFPI; FSS-20



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