



FY 2014 - FY 2018

STATEWIDE EVALUATION REPORT





INTRODUCTION

Healthy Families Virginia home visitors are living, breathing how-to manuals, supporting parents as they establish nurturing parent-child relationships, develop positive parenting skills, provide safe homes, and learn to support healthy child development.

Healthy Families Virginia's evidence-based model is rooted in the belief that early nurturing relationships are the foundation for life-long healthy development. Families work to reduce risks and build resiliency so that they can raise healthy children who are ready to learn.

Families are typically referred prenatally or at the time of the baby's delivery. Interested families receive an initial visit, during which their strengths and needs are identified. A determination is then made about whether Healthy Families or other services in the community are right for them. Families are voluntarily connected to community resources they prefer.

Healthy Families Virginia is a good fit for parents with multiple stressors, such as single parenthood; low income; limited knowledge about infant and child development; history of abuse or adverse childhood experiences; personal trauma; and issues related to substance abuse, mental health, and/or domestic violence.

Families who do best in the program are willing to receive at least one home visit per week for the first six months after the baby's birth. After that the frequency is determined by their needs and progress. Families have the choice to receive services until the child enters preschool or until the child's fifth birthday. Families must enroll prenatally or within three months of birth. There are no income restrictions. Healthy Families Virginia services help:

- Reduce child maltreatment
- Improve parent-child interactions and children's social-emotional well-being
- Increase school readiness
- Promote child physical health and development
- Promote positive parenting
- Promote family self-sufficiency
- Increase access to primary care medical services and community services
- Decrease child injuries and emergency department use.



OUR GOALS



**Improve pregnancy
outcomes & child health**



**Promote positive
parenting practices**



**Promote child
development**



**Prevent child abuse
& neglect**



Q: Is Child Abuse Preventable?

A: Yes. Here's how ...

DEFINING THE PROBLEM: CHILD ABUSE AND NEGLECT

The root of child abuse and neglect is often related to lack of role models, limited education and not having reliable support systems. All parents want their children to be successful in school, life and work. Yet parenting is not instinctive. Parents learn by the way they were parented.

Child abuse and neglect are pervasive societal problems. Although rates of child physical and sexual abuse have decreased in recent decades, the number of children affected by abuse remains concerning, and rates of neglect have not experienced such a decline.

Recent National Child Abuse and Neglect Data Set data indicate that 3.4 million child abuse and neglect referrals involving 6.2 million children were made in a single year across the United States and its territories. Importantly, these statistics only account for rates of substantiated cases of abuse and neglect, which have been reported to a child protection agency, investigated and deemed to have occurred according to a “preponderance of evidence.” In Virginia, this is termed a “founded case.”

In fiscal year 2018, Virginia had 6,485 founded investigations among 55,255 children who were reported as possible victims of abuse or neglect, with 120 investigations of child deaths

due to suspected abuse or neglect. The child maltreatment cases referred and investigated by state child protection agencies primarily involve abuse by caregivers, rather than abuse by strangers. So these figures likely underestimate overall rates of maltreatment children endure.

Child maltreatment has a lasting impact on numerous aspects of child development. Past research has shown that exposure to high levels of Adverse Childhood Experiences, which include abuse and neglect, as well as other stressors like parental incarceration or parental substance abuse, is a key predictor of mental and physical health throughout adolescence and adulthood. The chronic and cumulative exposure of the developing brain to stress results in the impairment of multiple brain structures and functions, and can cause enduring changes in hundreds of genes. These changes persist into adulthood, and studies have found that ACEs predict a graded relationship to the presence of multiple health risk factors in adulthood.

#s AT A GLANCE

3.4 MILLION

child abuse and neglect referrals involving 6.2 million children were made in a single year across the United States and its territories

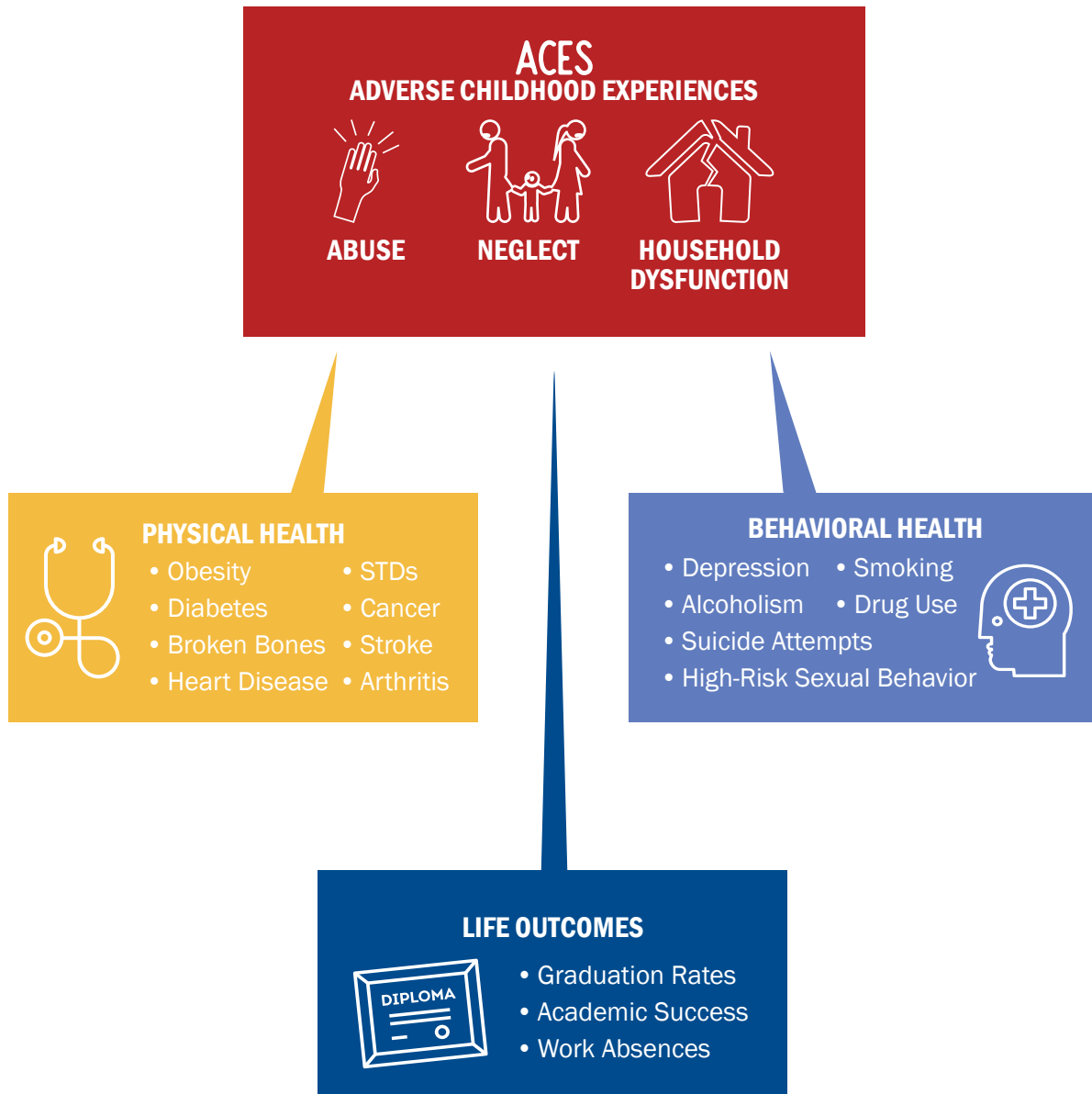
55,255

children in Virginia were involved in investigations of child abuse and neglect in 2018

120

child deaths in Virginia were due to suspected abuse or neglect in 2018

HOW ADVERSE CHILDHOOD EXPERIENCES LEAD INTO ADULTHOOD





WE'RE CREATING GREATCHILDHOODS FOR VIRGINIA'S CHILDREN

CONCLUSIONS
AND PROGRAM
RECOMMENDATIONS



QUICK STAT

Healthy Families Virginia likely prevented 450 founded cases of child abuse and neglect between 2007 and 2012.

1. Healthy Families works, but the need for services remains.

For the last three years in the Commonwealth, the Healthy Families Virginia statewide initiative achieved a very high level of success in preventing child abuse and neglect. The founded rate for FY 2018 was 0.9 percent, or only 14 founded cases. One comparison, based on 12,500 searches of the Child Protective Services Central Registry between 2007 and 2012 suggested that HFV likely prevented 450 founded cases of abuse and neglect over these fiscal years, relative to published incidence rates.

Despite HFV's strong prevention record, abuse and neglect, as well as the fatalities which can result, continue to be problems for families and children of Virginia. Forty-seven children in Virginia died from child abuse and neglect in FY 2017. This number remains steady compared to the number of child fatalities reported each year from 2014 to 2016, (47, 54, and 46 respectively—an average of 49). Yet, despite these alarming numbers, home visiting programs reach only about 7.5 percent of the families in need statewide.

2. We must continue serving high-risk families. Prevention not only saves lives ... it saves money!

At a time when healthcare spending accounts for 18 percent of Virginia's economy and is projected to increase due to increased prevalence of a host of preventable conditions, we cannot afford to ignore the value of prevention programs such as HFV.

Preventing a single incident of child abuse or neglect not only averts the immediate cost of treatment and prosecution, but also long-term criminality and health problems. In fact, a Pew Center economic impact analysis estimates that child abuse and neglect cost the U.S. a staggering \$258 million per day. HFV plays a key role in offsetting these costs.

One recent analysis of HFV data showed that, on average, about 90 founded cases of abuse or neglect were prevented each year. This translates to reducing the annual costs of child abuse and neglect in Virginia by \$709,678, and reducing the total lifetime cost of maltreatment by \$18,901,080.

Moreover, founded cases of abuse and neglect are only one outcome impacted by the Healthy

Families prevention program. New York Healthy Families recently conducted a cost-benefit analysis regarding the impact of Healthy Families on low birth weight. They estimated that if the state of New York had a record of preventing low birth weight in their highest risk population similar to HFNY's record, the state would have averted 4,300 low birth weight deliveries and saved \$96.8 million in Medicaid expenditures. These remarkable savings highlight the benefits of preventing problems, rather than addressing them after they arise.

It's important to recognize that home visiting carries especially strong benefits for high-risk families. A cost-benefit analysis indicated that the return for high-risk families was \$5.70 to \$1. That translates to \$43,320 in savings for every \$7,600 invested to serve a HFV family for two years. Healthy Families serves many families that have low incomes, low education levels, and non-English-speaking parents, as well as families headed by parents who are neither currently employed nor attending school. These high-risk families may enjoy the greatest long-term benefits and more of them should be included as important targets of HFV's intervention.

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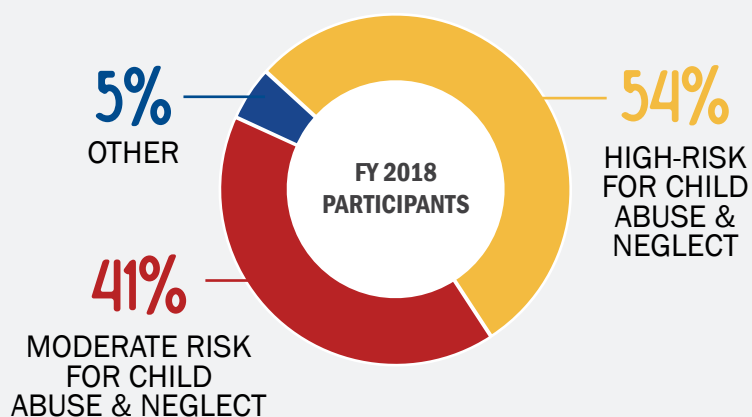
\$43.320 IN SAVINGS FOR EVERY \$7.600 INVESTED
to serve a HFV family for two years.



3. Healthy Families is serving families at the highest levels of risk, and Healthy Families programming should be one of a package of services designed to support these families.

Intake assessments show that Healthy Families participants are consistently at higher-than-average risk for child maltreatment, as well as a diverse array of other problematic outcomes (e.g., pregnancy and delivery complications, child and mother health concerns, child developmental delays). In fact, over half of the participants in FY 2018 (54 percent) were classified as high-risk for child abuse and neglect, and nearly all of the remaining participants were classified as moderate-risk (41 percent). Nearly two-thirds of the parents reported that they had been abused or neglected as children, and the majority of participants were struggling with multiple stressors with inadequate coping skills.

It's clear that Healthy Families is effectively recruiting and engaging a typically hard-to-reach population. Even so, Healthy Families should be considered only one of a package of services needed to fully support these families, given the array of stressors they are facing. Healthy Families should continue to provide appropriate referrals to each family based on their unique set of needs, while also working to change social norms on asking for help and support.



4. Families Forward Virginia and HFV, through its participation in Early Impact Virginia, should continue to ensure training is provided for new staff and facilitate full implementation of evidence-informed curricula.

The Healthy Families America accreditation standards have approved four evidence-based curricula for promoting positive child development:

- **GROWING GREAT KIDS** was specifically designed to be used in Healthy Families home visiting programs, and it involves a research-based curriculum designed to foster optimal parenting skills, strengthen the parent-child relationship and strengthen the role of the home visitor.
- **PARENTS AS TEACHERS** is a nationally recognized, award-winning curriculum with demonstrated intermediate and long-term impacts on children's early development, learning and health. It has been widely used by home visiting programs, and has been shown to be cost-effective.
- **THE NURTURING PARENTING PROGRAM** uses a family-centered, trauma-informed approach to support parenting skills that reduce the likelihood of abusive or neglectful child-rearing practices.
- **PARTNERS FOR A HEALTHY BABY** is a comprehensive research-based curriculum for expectant and new parents. It is designed to be compatible with home-visiting programs and seeks to prepare parents with knowledge and skills that will promote their child's growth and development while avoiding adverse outcomes like abuse and neglect.

Focusing on implementation fidelity of these types of evidence-informed curricula will ensure that the short-term, intermediate and long-term objectives of HFV are fully realized. HFV should use its highly experienced staff to more effectively incorporate evidence-based principles from these curricula into the home visit. In addition, having additional funds to support the training of trainers for these curricula in Virginia would be a valuable resource for our programs.

THE REST OF THE STORY - ALL OF THE DETAILS

Participants Screened, Assessed, Enrolled And Engaged

Healthy Families programs use specific critical elements as a way of ensuring, measuring and improving program quality. These critical elements begin with initiating services prenatally or at birth, systematically identifying families most in need, and successfully engaging families in services.

Since FY 2014, the 22 Healthy Families sites that use a database referred to as PIMS have conducted 42,172 screens, of which 88 percent were positive, and 28 percent also were assessed for Healthy Families services. The assessment process uses a standardized measure designed to identify families who can benefit from these home-visiting services.

#s AT A GLANCE

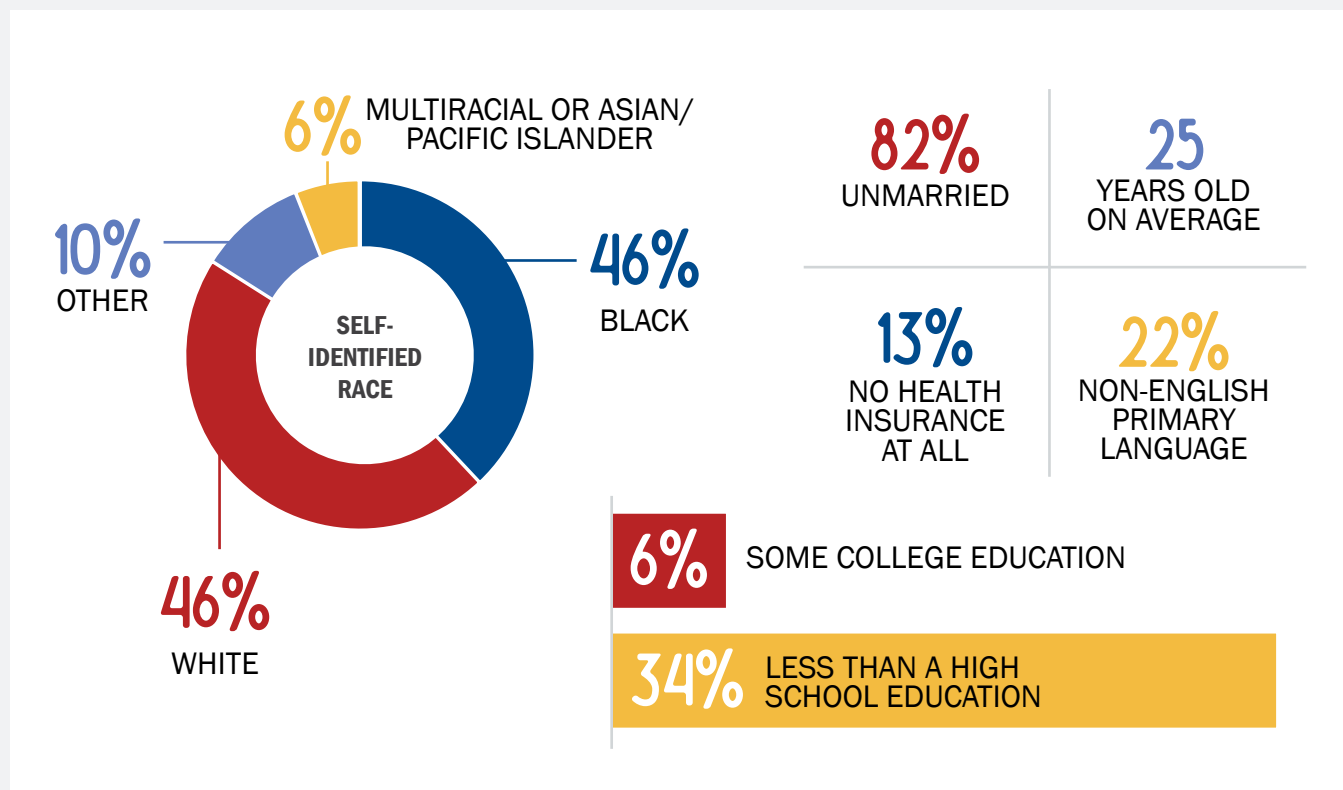
Of the more than 12,000
individuals who were assessed
OVER 9,000 (80 PERCENT)
HAD POSITIVE ASSESSMENTS.

Of the 7,664 families who received positive
assessments and accepted services,
4,692 (61 PERCENT) ENROLLED BY
COMPLETING AT LEAST ONE HOME VISIT.

Of the 9,124 positively assessed families
offered services,
7,664 (84 PERCENT)
ACCEPTED.

Sixty-eight percent of the enrolled participants
STAYED WITH THE PROGRAM
FOR AT LEAST SIX MONTHS
and were considered engaged with the program.

Characteristics of the Enrolled Families



Based on the risk assessment interview of the enrolled participants, 54 percent were considered high-risk for child abuse and neglect, and 41 percent were at moderate risk for these same outcomes. This proportion of high-risk families is relatively consistent with past years' enrollment of high-risk families. Statewide, the factors that most frequently warranted classifying families as at-risk involved:

- Experiencing multiple stressors
- A childhood history of abuse
- Poor coping skills

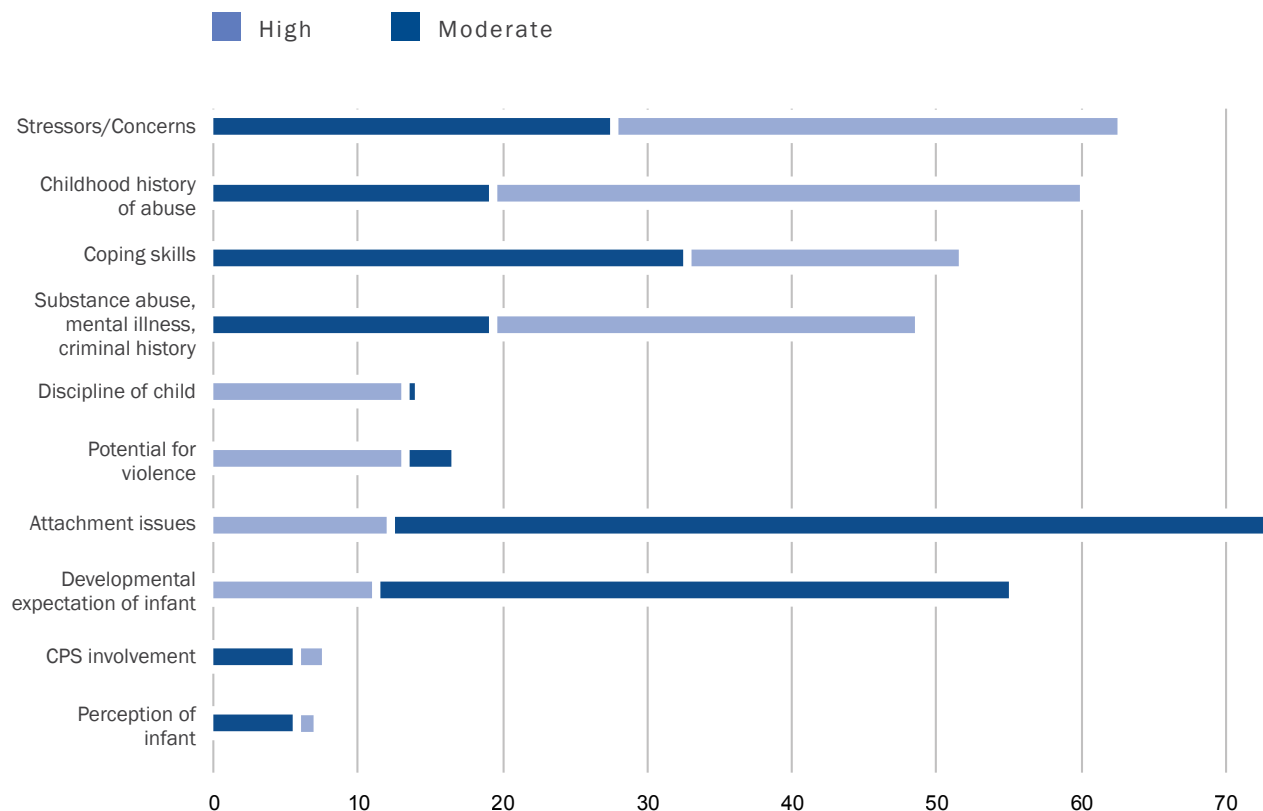
This year's risk assessment showed that 60 percent of the assessed parents reported

a childhood history of maltreatment. On a sobering note, since the initiative began, more than half of all the women who enrolled reported that they themselves had been abused as children.

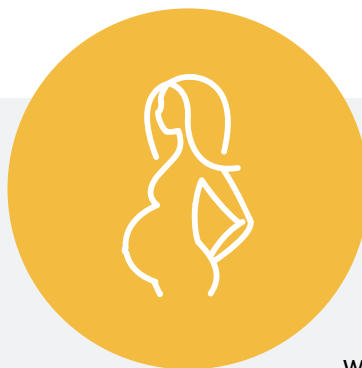
These assessment data suggest that the family histories and mix of risk factors and needs of Healthy Families participants place them at higher-than-average risk for child maltreatment and other poor childhood outcomes. That means Healthy Families programs are uniquely poised to break the cycle of violence and poverty, based on their ability to effectively recruit and engage families at the highest levels of risk.



COMMON FAMILY STRESSORS OF HEALTHY FAMILIES CLIENTS



Pregnancy Outcomes and Child Health



Reaching expectant mothers early with prenatal care helps ensure that they get regular health checkups, quit smoking and eat a balanced diet. These behaviors dramatically increase the chances of having a full-term baby, and promote strong brain architecture.

In FY 2018, 76 percent of the 583 enrolled mothers reached a 100 percent completion rate for their expected prenatal care visits.

These results indicate that HFV participating mothers receive prenatal care at higher than the criterion rate for this objective, which stated that 75 percent of prenatal enrollees should receive 80 percent of the recommended prenatal care, and, importantly, at rates that approach those of the general population (77.1 percent).

Home visiting can have a robust impact on healthy birth weight, with past research showing that mothers participating in home-visiting

programs were less likely to deliver low birth weight babies. In FY 2018, 91 percent of the 1,150 births to prenatal enrollees were within the healthy birth weight range, surpassing the criterion of 85 percent of prenatal enrollees delivering babies weighing at least 5.5 pounds.

Of the children born to enrolled HFV mothers in FY 2018, 93 percent were connected to a primary medical care provider within two months of enrollment, and equally as important, 97 percent of children continued to be connected to that healthcare provider after six months of participation in the program. These rates far exceed the HFV criteria of having 85 percent of participating children connected to a medical provider at birth or within two months.

Age-appropriate immunization is one of the most important indicators of well-being for children. Yet, in recent years, vaccination rates for children, nationally and in Virginia, have actually declined, creating a substantial public health threat and leading to large numbers of preventable deaths from diseases such as the flu. HFV established a goal that 80 percent of all target children receive all 16 immunizations that are recommended by the American Academy of Pediatrics and the Virginia Department of Health.

During FY 2018, over 92 percent of the children enrolled in HFV received 100 percent of these 16 scheduled immunizations, far exceeding the target goal of having 80 percent of participating children receiving 100 percent of scheduled immunizations.



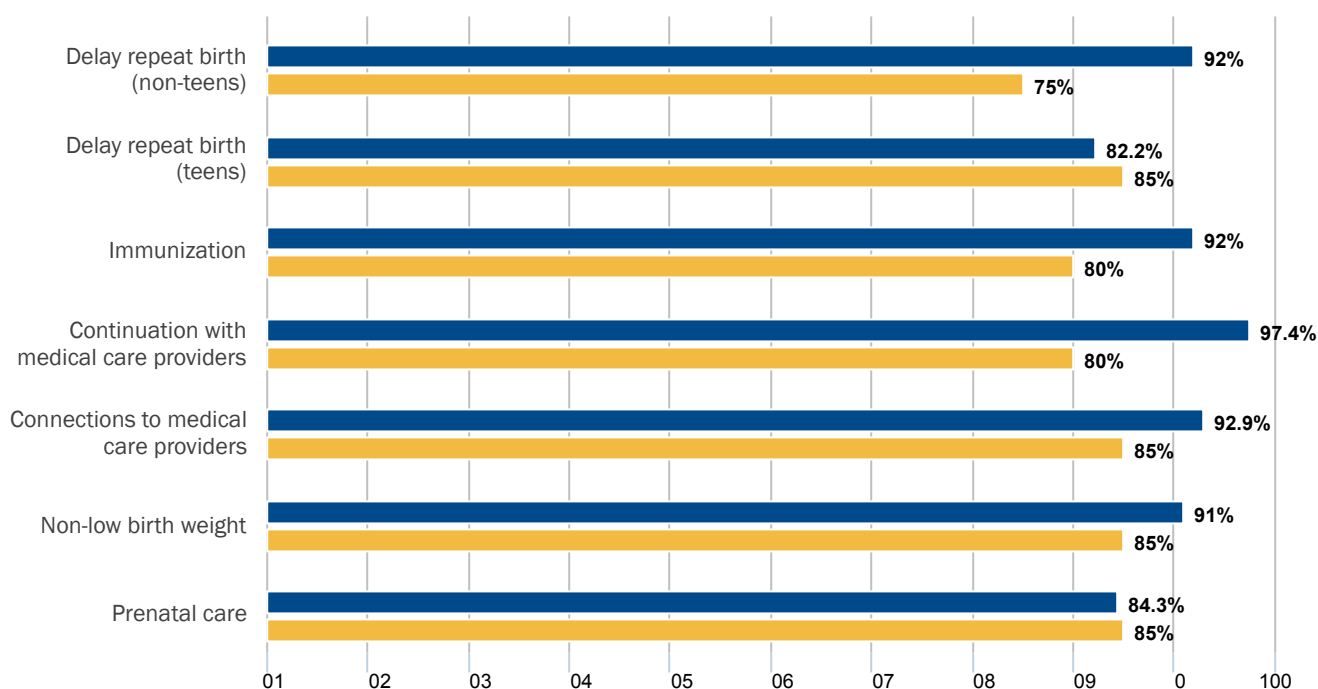
These immunization rates are also substantially higher than national estimates for child immunization, which is 72 percent, as well as estimates for comparable high-risk families (68 percent) and the Virginia general population (64 percent).

HFV has also established statewide goals to reduce closely-spaced births for mothers. Delaying and/or reducing repeat pregnancies is associated with higher educational attainment for the mothers, improved health and vocational outcomes for the child, and decreased risk for infant homicide. Overall, 895 mothers (37 teenage and 858 non-teenage mothers) were enrolled in HFV programs long enough (a minimum of 24 months following the birth of a child) to merit inclusion in this evaluation

component during FY 2018. Of this sample, 87 percent of all teen mothers had no subsequent births, either before or after the targeted 24-month interval, and only 11 percent having a second child within the 24-month interval. Non-teen mothers showed an even higher success rate, with 89 percent showing no subsequent births, and only 8 percent showing repeat births within 24 months. These rates for both teens and older mothers have far surpassed the HFV evaluation criteria of having 85 percent of teen and 75 percent of non-teen mothers with no subsequent births, and having an interval of at least 24 months between the target child's birth and the subsequent birth, suggesting that HFV effectively helped women reduce closely-spaced and unintended pregnancies.

MATERNAL HEALTH & CHILD HEALTH

FY2018 Objective





Child Development

About 94 percent of the 2,186 children who were eligible were appropriately screened for developmental delays, using the Ages and Stages Questionnaire in FY 2018. These rates surpassed the demanding formal evaluation criterion established for this objective—that 90 percent of participating children be screened for appropriate development semiannually for the first three years, and annually thereafter.

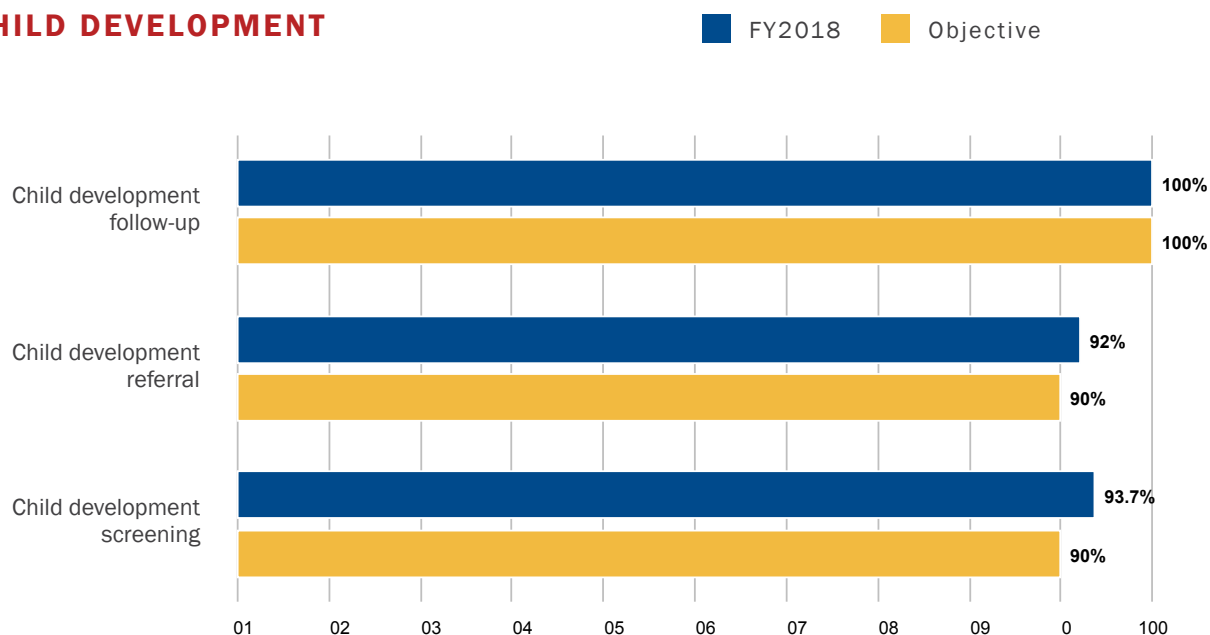
Eighty of the 87 (92 percent) children with suspected developmental delays and parental permission were appropriately referred for further developmental assessment in FY 2018. Thirty-four of these 80 referred children had confirmed delays upon additional assessment,

and 100 percent of those children received appropriate developmental services. These rates surpassed the demanding goal set in this domain, which requires that 90 percent of children with suspected development delays be referred for further development assessment and services when appropriate, and that 100 percent of children with confirmed developmental delay be monitored for follow-through with recommended services.

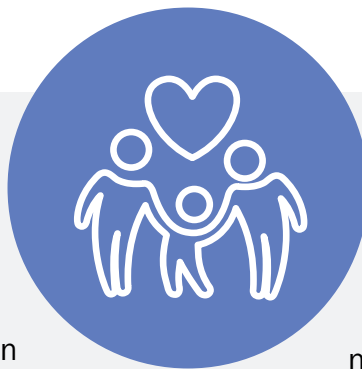
QUICK STAT

100 percent of children with suspected development delays received appropriate services

CHILD DEVELOPMENT



Positive Parenting Practices



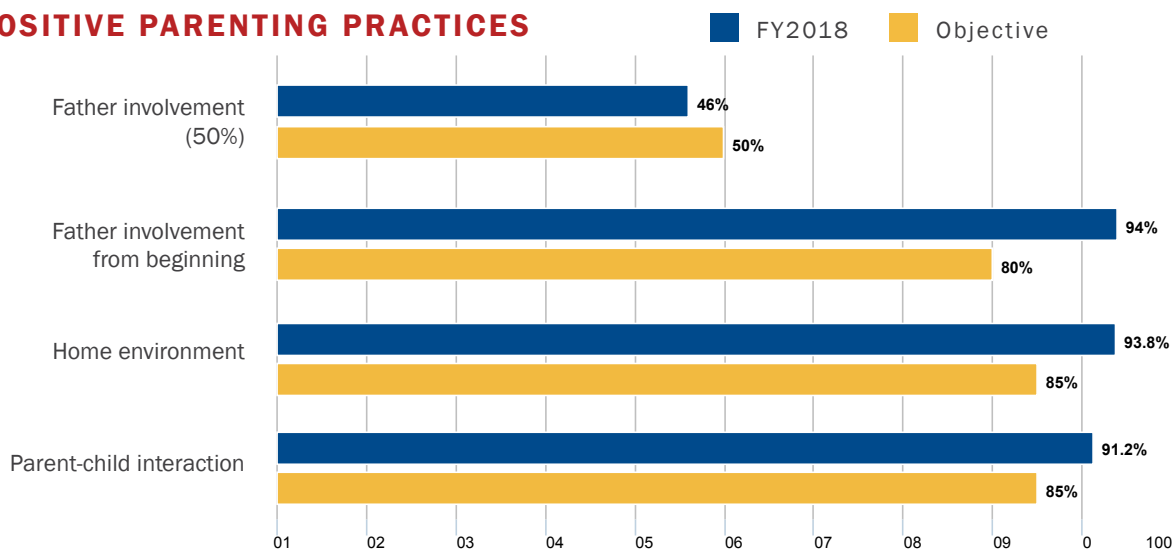
The quality of parent-child interaction was assessed using the Nursing Child Assessment Teaching Scale, which is a well-validated assessment of parent and child behavior in one-on-one interactions. Of the 2,194 children old enough to be assessed using the NCAST, 1,969 (90 percent) had at least one assessment completed. Of those children with assessments, 91 percent were within normal limits for responsive and nurturing parent-child interactions during FY 2018. This performance clearly exceeds the 85 percent evaluation criterion.

The general home environment of the child was also assessed using the Home Observation for Measurement of the Environment, a unique observational tool designed to measure the quality of cognitive stimulation and emotional support provided by the child's family. Of the 1,949 families whose children were old enough for the HOME assessment in FY 2018, 1,689

(87 percent) received one or more HOME assessments. Of those families, 94 percent had home environments that fell within normal limits, indicating that parents showed an understanding of their child's developmental stages and sensitivity to their cues, knowledge of effective methods of discipline, and less overall distress and rigidity.

HFV also collects information about fathers' emotional and financial involvement in their children's lives. Of the 1,308 fathers with involvement data at both intake and follow-up in FY 2018, 56 percent evidenced both emotional and financial involvement with their children. Importantly, 94 percent of fathers either stayed at the same level of involvement or improved by follow-up, and 46 percent of fathers who were not involved at baseline and showed improvement at follow-up. These results indicate that for fathers for whom there is information available on involvement, HFV is meeting the objective of maintaining or improving the level of involvement for 80 percent of fathers who start with some level of involvement.

POSITIVE PARENTING PRACTICES



Child Abuse and Neglect

This year's report provides continuing strong evidence for the effectiveness of HFV as a child maltreatment prevention program. The founded rate for FY 2018 was 0.9 percent based on 1,619 searches, which translates to only 14 founded cases. This is a remarkable accomplishment given many participating mothers reported that they themselves had



been abused as children, and suggests that HFV is contributing successfully to its goal of breaking the cycle of violence.

Prevention is the only cure for child abuse and neglect. Through family education and support programs such as Healthy Families Virginia home visiting, the vicious and tragic cycles of abuse can be stopped.

Members of the Department of Psychological Sciences at the College of William & Mary and Huntington Associates, Ltd. produced information for this report to provide Families Forward Virginia and the Virginia General Assembly an objective evaluation of the impact of the Healthy Families Virginia initiative, as well as a set of recommendations to guide policy and services on behalf of children and their families.

The primary authors of the report are Elizabeth Raposa, Ph.D. (Assistant Professor of Psychological Sciences at William & Mary), Joseph Galano, Ph.D. (Principal Investigator of The Applied Social Psychology Research Institute), and Lee Huntington, Ph.D. (Principal Investigator and President of Huntington Associates, Ltd). The authors received preparation support from student research assistants Nyx Robey and Ti Hsu. The content of this report does not reflect the views or opinions of the Applied Social Psychology Research Institute or the College of William and Mary, but rather those of its authors. For additional information about the statewide evaluation or the Healthy Families Virginia initiative please contact Elizabeth Raposa (eb.raposa@gmail.com), Joseph Galano (jxgala@wm.edu), Lee Huntington (lxhunt@wm.edu), or Michele Powell (mpowell@familiesforwardva.org).



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