Healthy Families Montgomery

Program Year 25
July 2020 – June 2021 (FY21)

- *Promoting positive parenting*
- *Enhancing child health and development*
- *Preventing child abuse and neglect*

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EXECUTIVE SUMMARY

The COVID-19 pandemic continued to challenge us all this year. The Healthy Families Montgomery (HFM) program continued to stay strong and positive, reading the situation to determine how to creatively assist families. Home visits were offered virtually via video and drive-by drop-offs were done for families needing diapers or other supplies. HFM's efforts to refer families to appropriate resources in the area during the pandemic highlight a strong commitment to helping overburdened families, as well as its value as a community resource. Connections built community during this challenging year.

This was HFM's twenty-fifth year as a voluntary home visiting service for first time mothers living in Montgomery County, Maryland. Participants are screened for multiple stressors such as mental health or substance abuse concerns, limited self-sufficiency, and the experience of abuse or neglect as a child. Home visits begin with a weekly schedule for a minimum of six months post-partum and are modified as the family gains confidence and meets their goals. Families continue to receive services for three years, Emphasis is placed on health care, child development, parenting education and support, and family self-sufficiency.

HFM's longstanding success has been recognized through a series of outstanding scores by HFA accreditation experts. The HFM program was first accredited in November 1999, when it became the first nationally credentialed Healthy Family America site in the State of Maryland. In 2008, HFM received an expedited four-year credential from Healthy Families America, when reviewers indicated that HFM was an extremely strong site – among the top 2% nationwide. Once again, during Year 25, the program successfully completed the newly revised, rigorous HFA accreditation process. The HFM program is built on a solid foundation of evidence-based best practices and has drawn upon these practices as it has grown over the years. The fidelity, quality, and consistency of program implementation has ensured its consistent success.

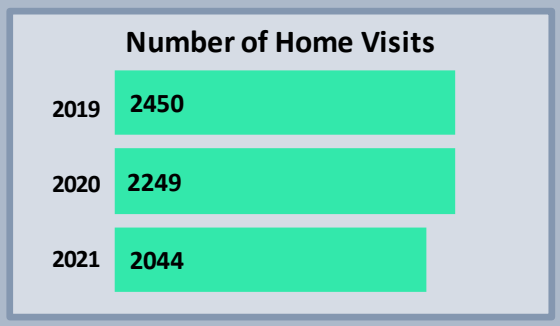
In FY21, the HFM staff made 2,044 virtual visits to 121 families. In addition, the Family Resource Specialists conducted 113 virtual assessments, linking families who could not be enrolled in HFM to alternative community resources. Virtual home visits offered a connection to families reducing social isolation and continuing to enhance the knowledge and skills needed for healthy child development. Many families are recent immigrants from Central America. The challenges faced by families are addressed by a diverse and culturally competent staff. Currently, all direct service staff members are bilingual, as 93% of families speak primarily Spanish. HFM staff are essential in helping families develop the healthy habits and skills necessary to reach their goals.

Families expressed their gratitude that HFM was doing all they could to continue providing services, helping to keep them and their children safe. Participants described how the HFM program has helped them be better parents by teaching them about child development and giving them strategies for helping their children learn. Parents value the information, support, and guidance they receive from their Family Support Specialists (FSS). Comments indicate that participants like the program so much that they would like to spend more time with their FSSs and see other moms afforded the same opportunities.

HFM offers comprehensive home visiting services to high-risk families in Montgomery County, Maryland and offered home visits virtually for the program year 7/1/2020 - 6/30/2021. Emphasis is placed on health care, child development, parenting education and support and family self-sufficiency.

2044

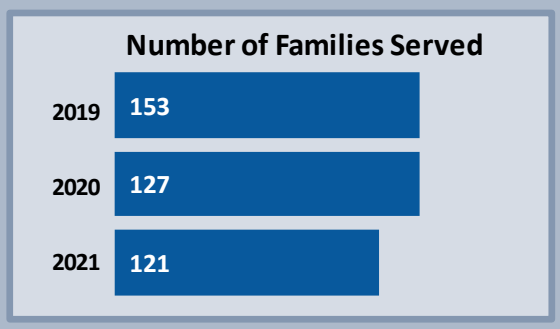
Home Visits



Visits in 2021 were virtual (video call)

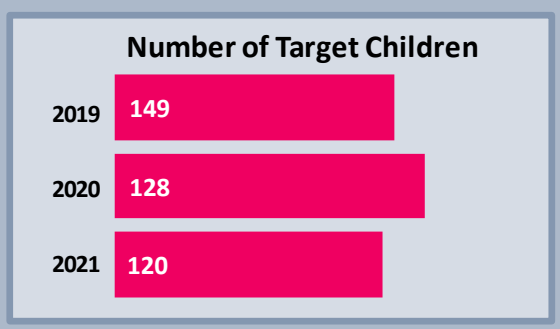
121

Families Served

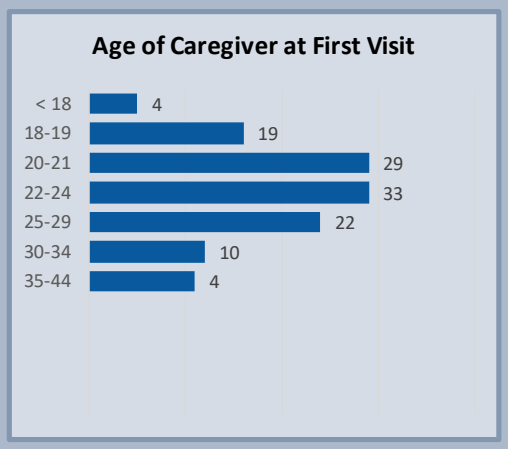


120

Target

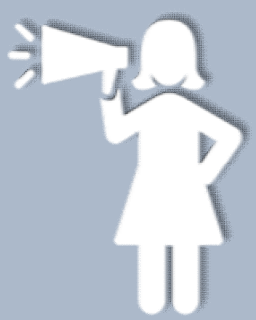


Primary Caregiver



Race/Ethnicity	
Latino/Hispanic	97%
Black/African-American	2%
White	1%

Primary Language	
90%	Spanish
6%	English
4%	Spanish & English



Of the Families Who Received Home Visits in 2021:

Were First-time Parents	100%
Were Single Parents	39%
Had Fathers Involved in Visits	5%

37 **Families received their first home visit in 2021**

26 **Families had their first home visit prenatally**

Medical Insurance	
No Insurance	91%
Medicaid/SCHIP or Tri-care	4%
Private or Other Insurance	5%

Employment	
Employed full time	18%
Employed part-time	17%
Not employed	56%

*2% Unknown/did not report - 7% Students

Housing	
Live with parent or family	51%
Rent/share rent of home	46%
Other housing, not homeless	2%
Own/share ownership of home	1%

Education	
Bachelor Degree or Higher	8%
Associate Degree	2%
Technical Training/Certificate	2%
Some College Training	14%
High School/GED	30%
Less than High School/GED	27%

*15% currently in school

*2% Unknown/did not report

Target Children

At Healthy Families Montgomery, more than half of the target children served in 2021 were 12 months or older. 82% of children were immunized on schedule by age two.

Target Child Age at Last Home Visit of 2021:

Prenatal	0 - 5 Months	6 - 11 Months	12 - 23 Months	24 - 35 Months	36 Months or More
4	19	27	28	28	14

Of the Target Children Who Received Home Visits in 2021:

Were Low Birth Weight	7%
Were Born Premature	5%
Were Developmentally Delayed	13%
Were Medicaid Eligible	98%

Had No Insurance	0%
Had Medicaid/SCHIP or Tri-Care	92%
Had Private or Other Insurance	2%
Insurance Unknown	6%

Workforce

Healthy Families Montgomery employs 2 full-time Family Resource Specialists and 7 full-time Family Support Specialists. Race and ethnicity reflect the ethnic and cultural composition of the target population. Currently, all direct service staff members are bilingual, as 90% of our families are Spanish speaking.

ABOUT US: HEALTHY FAMILIES MONTGOMERY

A Program of Family Services, Inc./ Sheppard Pratt

Established in 1908, Family Services, Inc. (FSI) is the oldest private nonprofit social service and behavioral health organization in Montgomery County, Maryland. We are part of Sheppard Pratt (SP), the largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in Maryland. As part of the Sheppard Pratt Health System (SPHS), FSI is engaged in providing in-home and community-based services for at-risk children, adolescents and adults who have limited access to critical resources. The mission is to promote the resilience, recovery and independence of individuals and families across their lifespan through integrated mental and physical health, social service, and education programs, thereby strengthening communities. The agency operates 34 programs and recorded providing more than 113,690 service units annually pre-COVID serving Montgomery and Prince George's Counties. We have an inclusive staff which is as culturally and linguistically diverse as the clients we serve. Staff represent 46 birth-origin countries speaking 43 different languages.

Partners

HFM partners with child development, behavioral health, education, and general medical health organizations to enrich the services it provides to its clients. Program partnerships have helped HFM be successful over the past 25 years.

HFM has had a longstanding partnership with the Montgomery County Department of Health and Human Services (DHHS). As the major provider of reproductive health and social services to income-eligible families in the County, DHHS conducts universal screenings of all prenatal, perinatal, and postnatal female clients. Most referrals to HFM come from these initial screenings.

In addition to the collaborative programs and services that are available within SPHS, HFM has established numerous formal and informal partnerships with other community programs and organizations. Some of these include:

- Montgomery County Collaboration Council for Children, Youth and Families
- Aspire Counseling
- Judy Centers
- Montgomery County Infants and Toddlers Program/Child Find/PEP
- Healthy Families Maryland Site Network
- Rockville Caregivers Association
- Gaithersburg Coalition of Providers
- Shady Grove Adventist Hospital
- Holy Cross Hospital
- CCI's Family Planning (Community Clinics)
- Lourie Center for Children's Social and Emotional Wellness
- Discovery Station Early Head Start

- Family Discovery Center
- Healthy Mothers Healthy Babies
- Greater DC Diapers

Funders

The HFM program is supported through a diversified array of public and private funding streams, as well as through private donations. Program funding and expenses have either increased or remained the same. During FY25, the bulk of program funding was provided by local public sources, such as the Montgomery County Department of Health and Human Services, Montgomery County Collaboration Council for Children, Youth and Families (Local Management Board), and the City of Rockville. About 5% of the total revenue was provided by private sources such as the Morris and Gwendolyn Cafritz Foundation, the Clark-Winchcole Foundation, and the William S. Abell Foundation. The HFM program also received donations from individuals and in-kind donations from Christ Child Society (infant layettes), Friendship Star Quilters (Tummy Time quilts), and Woodworkers for Charity (wooden toys).

Advisory Board

Since the program's inception, an advisory board has been in place to support HFM in efforts of advocacy, community awareness, strategic planning, and coordination of program services within the community. During FY25, the HFM Advisory Board was comprised of 10 local private and public stakeholders who serve a 2-year term and meet regularly. The Board is comprised of individuals representing diverse ethnic and professional sectors, including medical, educational, political, and religious, that bring a range of expertise and cultural perspectives. Members provide input and support to ensure the quality, relevance, and success of program services in the community.

National Accreditation

The HFM program was founded on research-based best practices and has incorporated new effective practices as research has emerged over the years. HFA best practice standards are organized around twelve critical elements. (See Appendix A: HFA Critical Elements of Successful Home Visitation Programs) As with all Healthy Families programs, HFM is required to complete the Healthy Families America accreditation process every four years to be considered an affiliated Healthy Families site. During this intensive process, sites prepare a lengthy written self-assessment that is submitted to a team of peer reviewers for evaluation prior to a three-day site visit. It is through the self-assessment and site visit that the trained reviewers assess the program's adherence to the 12 research-based critical elements, a set of guidelines for best practices in a home visitation program. Accreditation ensures that programs implement evidence-based effective practices and adhere to quality standards on a regular basis over time.

The HFM program has been accredited since November 1999 (Year 3), when it received the first national credential of all the Healthy Family America sites in the State of Maryland. HFM received re-accreditation in 2003, 2008, 2013, 2017, and 2021. HFM is accredited through March 2025.

HFM Works!
Summary of Goal Achievement

Healthy Families Montgomery has tracked achievement of its five goals and measured program outcomes each year since program inception. HFM has consistently demonstrated success at meeting or exceeding its targets for key outcomes.

HFM Goals and Outcomes, Year 25 (FY21)

	Goal	1Q	2Q	3Q	4Q	FY25
Goal I: Promote Preventive Health Care						
Children with a healthcare provider (for children who are at least two months old)	95%	100%	99%	99%	97%	100%
Eligible children enrolled in MA, including non-target children	95%	98%	100%	99%	100%	100%
Children with current immunizations	90%	93%	92%	84%	95%	100%
Mothers who have no additional birth within 2 years	90%	98%	97%	97%	100%	99%
Mothers who have completed postpartum care	85%	100%	91%	86%	83%	95%
Currently active mothers with a healthcare provider	95%	100%	100%	100%	100%	97%
Mothers enrolled < third trimester, child will have healthy birthweight	95%	100%	100%	100%	100%	100%
Goal II: Reduce Incidence of Child Maltreatment						
Enrolled families will not have substantiated CWS reports	95%	100/101		94/94		100%
HFM receives aggregated reports from Child Welfare Services semiannually. Results are for the first half of FY21						
Goal III. Optimize Child Development						
Children will demonstrate normal child functioning or receive appropriate services	95%	100%	100%	100%	100%	100%
Goal IV. Promote Positive Parenting and Parent-Child Interaction Reported semi-annually						

	Goal	1Q	2Q	3Q	4Q	FY25
Parents will have adequate knowledge of child development at 12 months	85%		100%		100%	100%
Parents having positive Parent-Child Interaction at 12 months	85%		100%		100%	100%
Parents' Knowledge of Child Safety	95%		100%		100%	100%
Goal V. Promote Family Self-Sufficiency	Reported semi-annually					
Mother's Employment	65%		69%		33%	51%
Stable Housing	99%		100%		100%	100%

Goal I: HFM continues to exceed its target objectives in preventative health care.

Goal II: There were no indicated cases of child maltreatment in HFM families in FY25. This is an indicator of the positive impact that prevention services can have on reducing the incidence of child maltreatment in high-risk families.

Goal III: Optimal child development includes the social, emotional, cognitive, language and motor development of participating children. The HFM program administers the Ages and Stages Questionnaire (ASQ) and the ASQ Social Emotional (ASQ-SE) at regular intervals throughout a family's participation. All children who have been identified with developmental delays or concerns were followed by the team leaders. Many received county services, including Child Find, Infants & Toddlers (MCITP) and the Preschool Education Program (PEP).

Goal IV: Positive parenting includes issues of home safety, parent-child interaction, and parenting knowledge, as well as mother's psychosocial status. Measurement of parents' knowledge of safety in the home focuses on a variety of factors, such as knowledge of emergency phone numbers, installation of safety devices, and use of automobile safety restraints.

Maternal depression can have a negative impact on positive parenting. Mothers' risk for depression was measured using the Center for Epidemiologic Studies-Depression (CES-D) scale. Results highlight the importance of the HFM program in ongoing screening for depression and linking participants to appropriate mental health professionals.

Goal V: Improvements in mothers' self-sufficiency were measured primarily through marital status, education, employment, and housing status.

Participant Satisfaction

Healthy Families Montgomery strongly values fidelity to its model and to providing families with the best quality support, information, and services. HFM administers annual participant satisfaction surveys to anonymously gather information from families regarding various program areas

> "For me, everything is fine, and I have learned many things that I would not know about children and parenting." (Participant Comment)

Surveys, in English and Spanish, were distributed to all active participants during home visits. In FY25, 49 participants returned the survey. Those who returned the survey range from less than 6 months in the program (16%) to over a year (65%).

Through the surveys participants report high levels of satisfaction with the program. All respondents reported that both their Family Support Specialist (FSS) and the program were either "Excellent" or "Good," and all agreed that they would recommend the program to a friend or relative. When asked what they like best about HFM, most focused on how the program has helped them to become a better parent by teaching them about child development and providing the education to care for their children. Many also commented on the helpful support and advice they get from their FSS. Comments indicate that participants like the program so much they wish they could spend more time with their FSS and see other Moms afforded the same opportunities.

Program Staffing

In FY25 HFM employed 13 individuals in 13 positions (12.5 FTEs). In total, there is one Program Director, two Team Leaders, two Family Resource Specialists, one Program Support Specialist, 6 Family Support Specialists, and one part-time Data Specialist. HFM has an excellent history of hiring and retaining quality staff. High levels of staff retention reflect a stable program that values its staff and provides opportunities for feedback and growth. Staff retention can also be linked to family retention, which is a key component of program success.

To ensure cultural and linguistic competence, HFM hires staff that reflect the ethnic and cultural composition of the target population. All staff were female and all direct service staff are bilingual in English and Spanish.

The collective educational level of the staff remains high. All staff members have graduated high school and at a minimum have attended post-high school training or some college. Most staff have attained a post-secondary degree, either an Associate's, Bachelor's, or a Graduate Degree. HFM staff education levels exceed HFA's Best Practice Standards requirement of at least a high school degree.

Staff satisfaction is assessed annually by HFM. Results of staff surveys found that most staff enjoy their work, find it worthwhile, and believe they are having a positive impact on families. When asked what areas of the program are particularly strong, comments focused on several key areas: the dedication and preparedness of staff, the strength-based approach of the program, and the respect for cultural diversity and the ability to connect with families.

SUMMARY AND FUTURE PLANS

For the past twenty-four years, *Healthy Families Montgomery* has addressed the impact that family, community, and culture have on child development and risk for child maltreatment. HFM has long targeted the risk factors associated with child maltreatment and provided comprehensive, multi-level prevention services to high-risk families using a cost-effective home visiting strategy. The focus is on promoting protective factors by providing education on positive parenting, optimal child health and development, and family self-sufficiency. FSSs provide expectant and new parents with guidance, information, and support using a culturally responsive and competent approach. This approach reflects the most current best practice research.

HFM screening, assessment and enrollment procedures have remained consistent, but implementation of these procedures has been refined to meet updated HFA best practices standards. The HFM program continues to foster its partnerships. Most importantly, with the Montgomery County Department of Health and Human Services (DHHS).

Healthy Families Montgomery has tracked achievement of its goals and measured program outcomes each year since program inception. The program has consistently demonstrated success at meeting or exceeding its targets for key outcomes.

It is evident that the HFM program and its partners have had a tremendous positive impact on the health and well-being of families in Montgomery County and the State of Maryland. The rate of founded cases of child abuse and neglect for families who participated in the HFM program has been less than 1% for the past twenty-four years.

Future Plans

- Continue to provide leadership within the county and across the state that bolsters the quality, fidelity, staff training, program evaluation, and achievement of outcomes. Advocate for policies and practices that support these goals.

- Continue to improve the partnership with Montgomery County DHHS to best serve the evolving needs of diverse, at-risk families.

Appendix A.

HFA CRITICAL ELEMENTS OF SUCCESSFUL HOME VISITATION PROGRAMS

1. Initiate services at birth or prenatally.

2. Use a standardized assessment tool to systematically identify families who are most in need of services. The Parent Survey or other HFA approved tool is used to assess the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

3. Offer services voluntarily and use positive, persistent outreach efforts to build family trust.

4. Offer services intensely and over the long term, with well-defined criteria for increasing or decreasing intensity of service.

5. Services are culturally sensitive such that staff understands, acknowledges, and respects cultural differences among families; staff and materials used reflect to the greatest extent possible the cultural, language, geographic, racial, and ethnic diversity of the population served.

6. Services focus on supporting the parent(s) as well as the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development.

7. At a minimum, all families are linked to a medical provider to assure optimal health and development. Depending on the family's needs, they may also be linked to additional services related to finances, food, housing assistance, school readiness, childcare, job training, family support, substance abuse treatment, mental health treatment, and domestic violence resources.

8. Services are provided by staff with limited caseloads to assure that home visitors have an adequate amount of time to spend with each family to meet their unique and varying needs and to plan for future activities.

9. Service providers are selected because of their personal characteristics, their willingness to work in or their experience working with culturally diverse communities, and their skills to do the job.

10. Service providers receive intensive training specific to their role to understand the essential components of family assessment, home visiting and supervision.

11. Service providers have a framework, based on education or experience, for handling the variety of experiences they may encounter when working with at-risk families. All service providers receive basic training in areas such as cultural competency, reporting child abuse, determining the safety of the home, managing crisis situations, responding to mental health, substance abuse, and/or domestic violence issues, drug-exposed infants, and services in their community.

12. Service providers receive ongoing, effective supervision so they can develop realistic and effective plans to empower families.

GOVERNANCE AND ADMINISTRATION

The program is governed and administered in accordance with principles of effective management and of ethical practice. Please note GA is not a Critical Element.