



Healthy Families Montgomery

Program Year 27 July 2022 – June 2023 (FY23)

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

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EXECUTIVE SUMMARY

This year the Healthy Families Montgomery (HFM) program continued to stay strong and positive. The increase in immigrant families in our service area has been a challenge. It presents HFM with even more opportunities to continue our efforts to refer families to appropriate resources. HFM staff supported families in the area by helping them become aware of the community resources available to them.

This was HFM's twenty-seventh 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 at least 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 (Healthy Families America) 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. During Year 25, the program successfully completed the newly revised, rigorous HFA accreditation process. HFM's 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 FY23, the HFM staff made 1,845 visits to 93 families. In addition, the Family Resource Specialists conducted 105 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 94% of families speak primarily Spanish. HFM staff are essential in helping families develop the healthy habits and skills necessary to reach their goals.

In the Family Satisfaction Survey completed this year 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 FSS and see other moms afforded the same opportunities. 100% of families will recommend the program to family members and friends and 100% feel safe receiving Healthy Families Montgomery services.

Healthy Families Montgomery

HFM offers comprehensive home visiting services to high-risk families in Montgomery County, Maryland and offered home visits virtually and in person for the program year 7/1/2022 - 6/30/2023 (FY23). Emphasis is placed on health care, child development, parenting education and support, and family self-sufficiency.



1,845

Visits completed in FY23



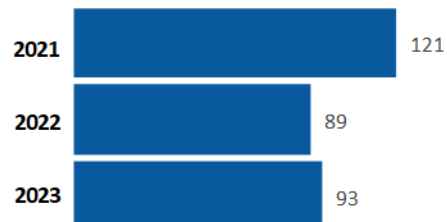
Number of Visits



93

Families served in FY23

Number of Families Served



92

Focus Children in FY23

Number of Focus Children



Primary Caregivers

Healthy Families Montgomery provides home visiting services to first time parents to promote positive parent-child interaction and parenting skills, increase knowledge of child development and family well-being. 100% of families served during FY23 were first time parents. The majority of the families (87) are Latino/Hispanic whose primary language is Spanish. 95% of families served during FY23 have a low income household.

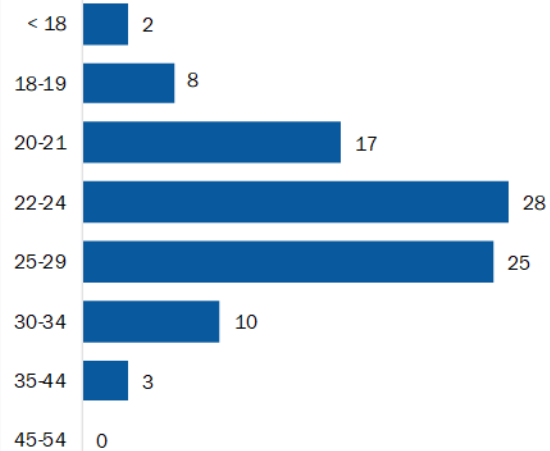


Women

93

29% of participants are 21 years old or younger

Age of Caregiver at First Visit



Race/Ethnicity

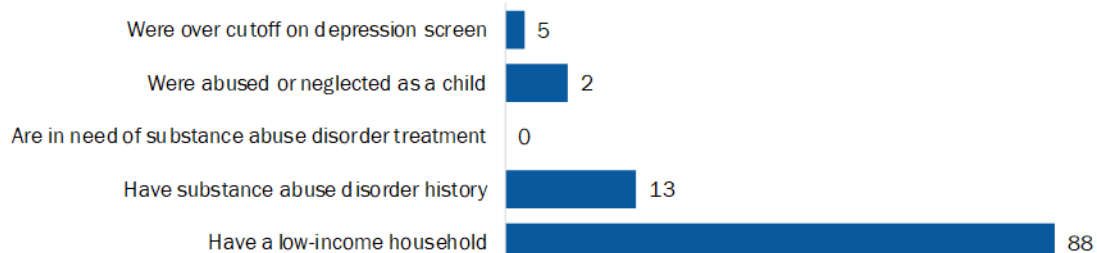
| | | |
|----|------------------------|-----|
| 87 | Latino/Hispanic | 94% |
| 5 | White | 5% |
| 1 | Black/African-American | 1% |

Primary Language

| | | |
|----|---------|-----|
| 87 | Spanish | 94% |
| 6 | English | 6% |



Number of Primary Caregivers Who



Of the Families Who Received Home Visits in FY23:



42 Families received their first home visit in FY23

18 Families had their first home visit prenatally

Medical Insurance

| | | |
|----|----------------------------|-----|
| 88 | No Insurance | 95% |
| 2 | Private or Other Insurance | 2% |
| 3 | Unknown | 3% |

Were first-time parents



Were single parents



Had fathers involved in home visits



Employment

| | | |
|----|--------------------|-----|
| 62 | Not employed | 67% |
| 9 | Employed part-time | 8% |
| 20 | Employed full time | 22% |
| 2 | Unknown | 3% |



Housing

| | | |
|----|-----------------------------------|-----|
| 67 | Rent/share rent of home | 72% |
| 11 | Live with parent or family member | 12% |
| 6 | Other housing, not homeless | 6% |
| 5 | Own/share ownership of home | 5% |
| 4 | Unknown | 5% |

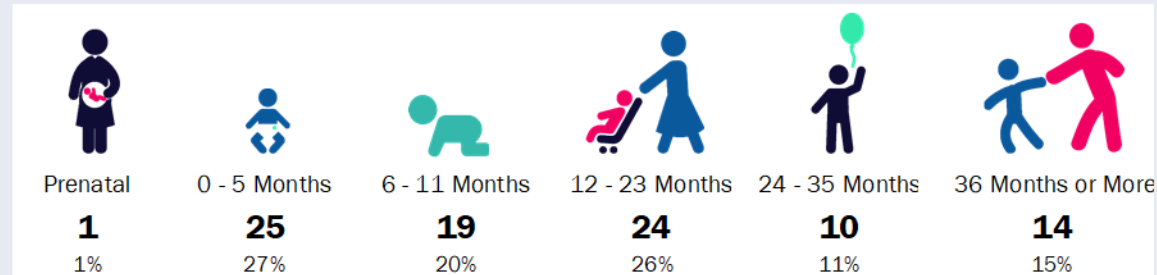
Education

| | | |
|----|----------------------------|-----|
| 32 | Less than High School | 34% |
| 33 | High School Graduate/GED | 36% |
| 19 | Some College/Tech Training | 20% |
| 2 | Associate Degree | 2% |
| 5 | Bachelor Degree or Higher | 5% |
| 2 | Unknown | 3% |

Focus Children

At HFM, the majority of focus children served during FY23 were under a year old. Nearly all (92) children were eligible for Medicaid and 96% were immunized on schedule by age two.

Focus Child Age at Last Home Visit of 2023:



Of the Focus Children Who Received Home Visits in FY23:

| | | |
|----|--------------------------------|------|
| 1 | Were Low Birth Weight | 3% |
| 0 | Were Born Premature | 0% |
| 11 | Were Developmentally Delayed | 12% |
| 93 | Were Medicaid Eligible | 100% |
| 87 | Had Medicaid/SCHIP | 94% |
| 2 | Had Private or Other Insurance | 2% |
| 4 | Insurance Unknown | 4% |

Workforce

Healthy Families Montgomery employs 13 full-time individuals and one part-time Data Specialist. There is one Program Director and two Supervisors, in addition to the 9 Direct Service staff. Race and ethnicity reflect the ethnic and cultural composition of the target population. Currently, all direct service staff members are bilingual, as 94% of our families are Spanish speaking.



Total Direct Service Staff

9

Direct Service Staff Race/Ethnicity

9 Latino/Hispanic 100%

Direct Service Staff Gender

9 Women 100%

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. For FY23 the Families and Community Services line of Sheppard Pratt operated twenty-seven programs in Montgomery, Frederick, and Prince George's Counties.

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 27 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 available within SPHS, HFM has established formal and informal partnerships with other community programs and organizations, including those listed here.

- Montgomery County Collaboration Council for Children, Youth and Families
- 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 Health Services (Community Clinics)
- Lourie Center for Children's Social and Emotional Wellness
- Discovery Station Early Head Start
- Family Discovery Center
- 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 FY23, 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-Winchole 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) and Friendship Star Quilters (Tummy Time quilts).

Advisory Board

Since the program's inception, a community 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 FY23, the HFM Advisory Board was comprised of local private and public stakeholders who serve a 2-year term and meet quarterly. The Board is comprised of individuals representing diverse ethnic and professional sectors, including former participants and representatives of other community agencies. These board members bring a range of expertise and cultural perspectives. Members provide input and support to ensure the quality, relevance, and success of our program's 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 twelve 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 regularly 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, 2016, 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 27 (FY23)

| | Goal | 1Q | 2Q | 3Q | 4Q |
|--|------|--------------|------|------------|------|
| Children with a healthcare provider (for children who are at least two months old) | 95% | 100% | 100% | 97% | 97% |
| Eligible children enrolled in MA, including non-target children | 95% | 100% | 100% | 98% | 98% |
| Children with current immunizations | 90% | 94% | 96% | 96% | 88% |
| Mothers who have no additional birth within 2 years | 90% | 100% | 98% | 95% | 94% |
| Mothers who have completed postpartum care | 85% | 100% | 86% | 100% | 87% |
| Currently active mothers with a healthcare provider | 95% | 100% | 100% | 100% | 89% |
| Enrolled families will not have substantiated CWS reports | 95% | 100%/101/101 | | 100%/94/94 | |
| Children will demonstrate normal child functioning or receive appropriate services | 95% | | 100% | | 100% |
| Parents will have adequate knowledge of child development at 12 months | 85% | | 100% | | 100% |
| Parents having positive Parent-Child Interaction at 12 months | 85% | | 100% | | 100% |
| Parents' Knowledge of Child Safety | 95% | | 100% | | 100% |
| Mother's Employment | 65% | | 40% | | 23% |
| Stable Housing | 99% | | 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 FY23. 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 identified with developmental delays or concerns were followed by team leaders. Children received county services, including Child Find, Infants & Toddlers (MCITP (Montgomery County Infants and Toddlers Program)) and the Preschool Education Program (PEP).

Goal IV: Positive parenting includes home safety, parent-child interaction, parenting knowledge, and 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 (CESD-R) 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.

"It's an excellent program, they do a great job, I am happy with all I have learned. Thanks." (Participant Comment)

Surveys, in English and Spanish, were distributed to all active participants during home visits. In FY23, 44 participants returned the survey. Those who returned the survey range from less than 6 months in the program (18%) to over a year (57%).

Through the surveys participants report their 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. Participants 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 FY23 HFM employed 13 individuals. In total, there is one Program Director, two Supervisors, two Family Resource Specialists, one Program Support Specialist, six Family Support Specialists, and one part-time Data Specialist. HFM knows that a high rate of staff retention reflects 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 graduated from high school and at least attended post-high school training or 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 these 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 twenty-seven 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).

HFM 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 found cases of child abuse and neglect for families who participated in the HFM program has been less than 1% for the past twenty-five years.

Future Plans

- Continue to improve our ability to collect and analyze data for reporting to our funders and Healthy Families America by switching from a database system to an online application for staff to input data.
- 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 early, ideally during pregnancy.
2. Use the validated Family Resilience and Opportunities for Growth (FROG) Scale is used to identify family strengths and concerns at the start of services.
3. Offer services voluntarily and use personalized, family-centered outreach efforts to build family trust.
4. Offer services intensely and over the long term, with well-defined progress criteria and a process for increasing or decreasing intensity of service.
5. Staff (managers, supervisors, and direct service staff) celebrate diversity and honor the dignity of families and colleagues by educating and encouraging self and others, continuously striving to improve relationships. Sites work with others in their organization and community to identify and address existing barriers, increase access to services and achieve greater equity in service delivery, especially for underrepresented groups in the community, confronting disparities caused by systemic oppression, institutional racism, and discrimination.
6. Services focus on supporting the parent(s) and the child by cultivating the growth of nurturing, responsive parent-child relationships and promoting healthy childhood growth and development within a caring community.
7. At a minimum, all families are linked to a medical provider to ensure 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 in accordance with principles of ethical practice and with limited caseloads to ensure Family Support Specialists 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 lived expertise and knowledge of the community they serve, their ability to work with culturally diverse individuals, and their knowledge and skills to do the job.
10. Service providers receive intensive training specific to their role to understand the key components of family assessment, home visiting and supervision.
11. All direct service staff and their supervisors receive training in areas such as prenatal and infant care, child safety and development, family health, parent-child relationships, family goal setting, reporting child abuse, managing crisis situations, and responding to mental health, substance use, or intimate partner violence issues. All staff, including program managers, receive training on topics related to diversity and equity.
12. Service providers receive ongoing, reflective supervision so they can develop realistic and effective plans to support families.

GOVERNANCE AND ADMINISTRATION

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