



Healthy Families Montgomery

Program Year 29 July 2024 – June 2025 (FY25)

- *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 remained strong and positive. From April 27–29, 2025, the program underwent an exhaustive accreditation process, resulting in certification through September 30, 2029. Feedback from the accreditation peer reviewers was overwhelmingly positive, with special recognition given to the leadership team, staff, and participant families.

Family participation in parent groups has increased, helping to strengthen social connections and reduce isolation—a common challenge for newly arrived immigrant families. Father involvement in home visits continues to grow, leading to greater engagement in our monthly parent groups.

This was HFM's twenty-ninth year as a voluntary home visiting service for first-time mothers living in Montgomery County, Maryland. Families continue to receive services for three years. Emphasis is placed on health care, child development, parenting education and support, and family self-sufficiency.

In FY25, the HFM staff made 2,020 visits to 97 families. In addition, the Family Resource Specialists conducted 142 assessments, linking families who could not be enrolled in HFM to alternative community resources. 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 South and 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 100% 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 reported high satisfaction with the program. All respondents rated both their Family Support Specialist (FSS) and the program as either "Excellent" or "Good," and all agreed they would recommend the program to a friend or relative. Additionally, 100% of the participants indicated they feel safe when receiving services from HFM, and 100% felt that their home visitor respects and understands their family background. Many participants highlighted how the program has helped them become better parents by educating them about child development and providing the necessary resources to care for their children. Participants also praised the support and advice they receive from their FSS. Comments indicated that participants value the program so highly that they wish they could spend more time with their FSS and hope other mothers receive the same opportunities.



Healthy Families
America®

Healthy Families Montgomery

HFM offered comprehensive home visiting services for the program year 7/1/2024 - 6/30/2025 (FY25) to high-risk families in Montgomery County, Maryland. Emphasis is placed on health care, child development, parenting education and support, and family self-sufficiency.



2,020

Visits completed in FY25

Number of Visits



97

Families served in FY25

Number of Families Served



92

Focus Children in FY25

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 FY25 were first time parents. All of the families (97) are Latino/Hispanic whose primary language is Spanish. 100% of families served during FY25 have a low income household.

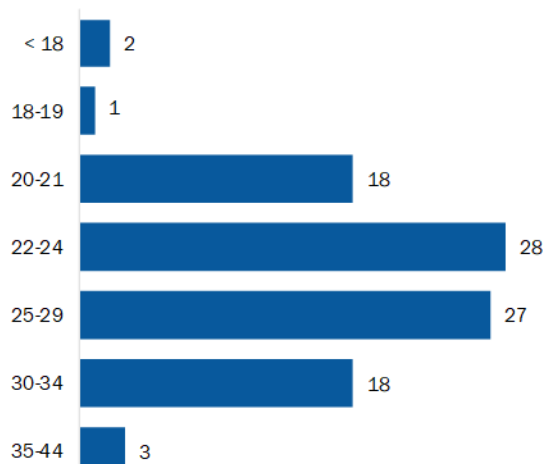


Women

97

22% of participants are 21 years old or younger

Age of Caregiver at First Visit



Race/Ethnicity

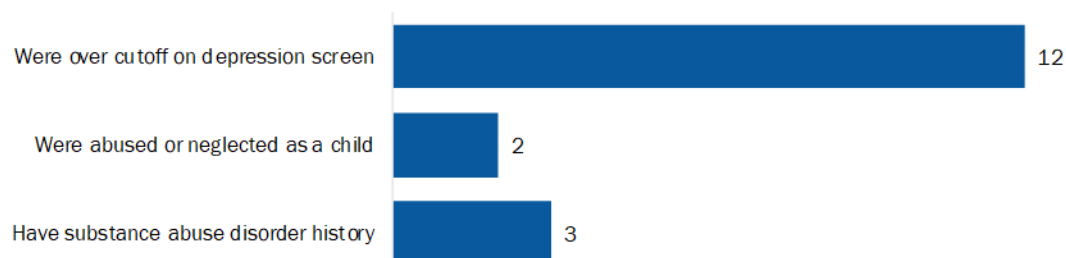
97	Latino/Hispanic	100%
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Primary Language

97	Spanish	100%
7 families speak English and Spanish		



Number of Primary Caregivers Who



Of the Families Who Received Home Visits in FY25:



36 Families received their first home visit in FY25 (37%)

29 Families currently enrolled joined prenatal (30%)

Primary Caregivers have Healthcare Provider

95	Clinic/Doctor	98%
2	Unknown	2%



Employment

58	Not employed	60%
14	Employed part-time	14%
25	Employed full time	26%

Housing

78	Rent/share rent of home	81%
13	Live with parent or family member	13%
2	Other housing, not homeless	2%
4	Own/share ownership of home	4%



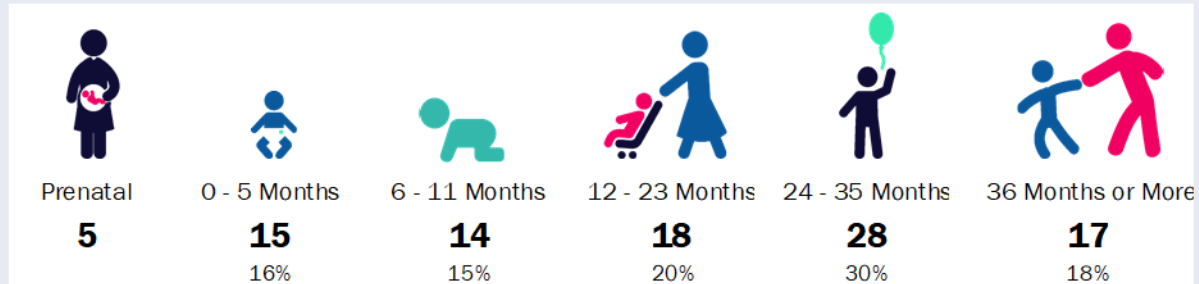
Education

32	Less than High School	33%
35	High School Graduate/GED	36%
19	Some College/Tech Training	20%
1	Associate Degree	1%
10	Bachelor Degree or Higher	10%

Focus Children

At HFM, the majority of focus children served during FY25 were over 12 months (68%). Nearly all (96) children were eligible for Medicaid and 100% were immunized on schedule by age two. Fourteen (14) children graduated/met all program goals.

Focus Child Age at Last Home Visit of 2025:



Of the Focus Children Who Received Home Visits in FY25:

2	Were Low Birth Weight	2%
19	Were Developmentally Delayed	21%

92	Were Medicaid Eligible	100%
91	Had Medicaid/SCHIP	99%
1	Had Private or Other Insurance	1%

Workforce

Healthy Families Montgomery employs 12 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 100% of our families are Spanish speaking.



Total Direct Service Staff

9

Direct Service Staff Race/Ethnicity

9	Latino/Hispanic	100%
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Direct Service Staff Gender

9	Women	100%
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ABOUT US: HEALTHY FAMILIES MONTGOMERY

A Program of Sheppard Pratt

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. Sheppard Pratt Health System (SPHS) 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

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 29 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
- Gaithersburg Coalition of Providers
- Shady Grove Adventist Hospital
- Holy Cross Hospital
- CCI Health Services (Community Clinics)
- Greater DC Diapers

Funders

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 Medicaid.

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 FY25, the HFM Advisory Board was comprised of local private and public stakeholders who 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 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, 2021 and 2024. HFM is accredited through September 2029.

HFM Works!

Summary of Goal Achievement

Healthy Families Montgomery has tracked the 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 29 (FY25)

	Goal	1Q	2Q	3Q	4Q
Children with a healthcare provider (for children who are at least two months old)	95%	98%	98%	99%	99%
Eligible children enrolled in MA, including non-target children	95%	98%	99%	99%	98%
Children with current immunizations	99%	97%	97%	94%	100%
Mothers who have no additional birth within 2 years	97%	100%	100%	99%	100%
Mothers who have completed postpartum care	85%	100%	100%	100%	100%
Currently active mothers with a healthcare provider	95%	98%	99%	99%	95%
Enrolled families will not have substantiated CWS reports	95%	100%		100%	
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%		43%		51%
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 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 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. The 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.

Surveys, in English and Spanish, were distributed to all active participants. In FY25, 53 participants returned the survey. The respondents' tenure with the program as of 6/30/2025 varied: 11% had been with the program for less than six months, 21% for six months to a year, and 68% for over a year.

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. Additionally, 100% of the participants indicated they feel safe when receiving services from HFM, and 100% felt that their home visitor respects and understands their family background. All families reported discussing goals with their home visitor that they wanted to work towards, and all participants (100%) shared that they have worked on and accomplished these goals.

When asked what they like best about HFM, they are most focused on how the program has helped them to become better parents 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 have the same opportunities.

Program Staffing

In FY25 HFM employed 13 individuals. In total, there is one Program Director, two Supervisors, two Family Resource Specialists, seven 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 evaluated annually by HFM. Results from the staff surveys indicate that most employees enjoy their work, find it meaningful, and believe they have a positive impact on families. The survey also revealed that all staff feel supported by their supervisors and recognized for their accomplishments. When asked about the program's strengths, staff highlighted the dedication and preparedness of their colleagues, the program's strength-based approach, and the respect for cultural diversity, which enhances their ability to connect with families. While most staff feel they have opportunities for growth and learning, there is a consensus that compensation is an area needing improvement.

SUMMARY AND FUTURE PLANS

Summary

For twenty-nine years, Healthy Families Montgomery (HFM) has addressed the impact of family, community, and culture on child development and the risk of child maltreatment. The program targets key risk factors associated with abuse and neglect, providing comprehensive, multi-level prevention services to high-risk families through a cost-effective home visiting strategy.

HFM focuses on promoting protective factors by offering education on positive parenting, optimal child health and development, and family self-sufficiency. Family Support Specialists (FSSs) deliver guidance, information, and support to expectant and new parents using a culturally responsive and competent approach that reflects current best practices and research in the field.

While HFM's screening, assessment, and enrollment procedures have remained consistent over time, their implementation has been refined to align with updated Healthy Families America (HFA) best practice standards. The program continues to strengthen its partnerships—most notably with the Montgomery County Department of Health and Human Services (DHHS).

Since its inception, HFM has tracked goal achievement and measured program outcomes annually. The program has consistently met or exceeded its targets for key performance indicators. One of its most significant long-term outcomes is the exceptionally low rate of substantiated child abuse and neglect—less than 1% among participating families over the past twenty-nine years.

It is clear that HFM, in partnership with DHHS and other stakeholders, has had a significant and lasting positive impact on the health and well-being of families in Montgomery County and the State of Maryland.

Future Plans

- As we build on the successes of this year, Healthy Families Montgomery remains committed to continuous improvement and growth. We will actively seek opportunities for program expansion to increase our capacity and broaden our impact in the community, ensuring that more families have access to the support and services they need.
- Continue to improve our ability to collect and analyze data for reporting to our funders and Healthy Families America.
- 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. Diversity, Equity and Inclusion. 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 varied 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 in understanding 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.