

PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



Healthy Families Montgomery

Program Year 24
July 2019 – June 2020 (FY20)



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

For More Information Contact:

Healthy Families Montgomery
610 East Diamond Avenue, Suite 100
Gaithersburg, MD 20877
Ruth Rivas: 301-840-3232

September 2020

EXECUTIVE SUMMARY

What a year 2020 has been! Healthy Families Montgomery (HFM) faced one of the most unprecedented challenges in FY20, the COVID-19 pandemic. Following the guidance from Healthy Families America (HFA), HFM remained operational. An agency Mask Mandate was established to enhance staff safety. Home visits were offered virtually via video and drive by drop offs were done for families needing diapers or other supplies. HFM continued to adapt services to meet the needs of the families.

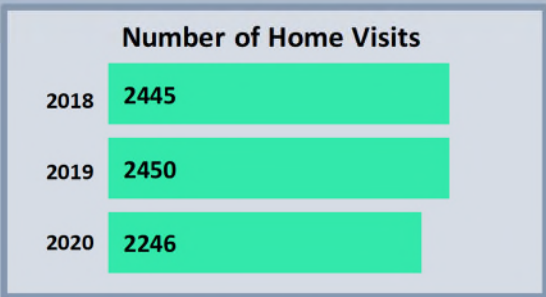
This was HFM's twenty-fourth year as a voluntary home visiting service for first time mothers living in Montgomery County, Maryland. Participants are screened for multiple stressors such as mental health or substance abuse concerns, limited self-sufficiency, and the experience of abuse or neglect as 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 in their outstanding scores by HFA accreditation experts. HFM is accredited through March 2021. HFM is preparing the extensive self-study in anticipation of the site visit required for re-accreditation that is scheduled for September 2020. Over the past twenty-four years, HFM has demonstrated its ability to maintain high quality standards and consistently achieve positive maternal and child health outcomes

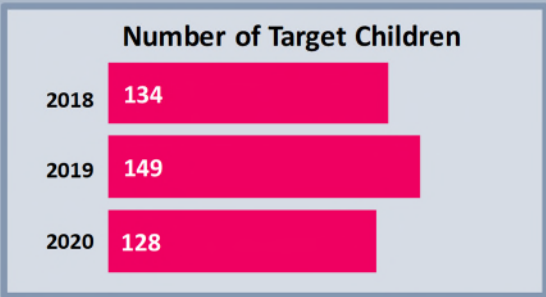
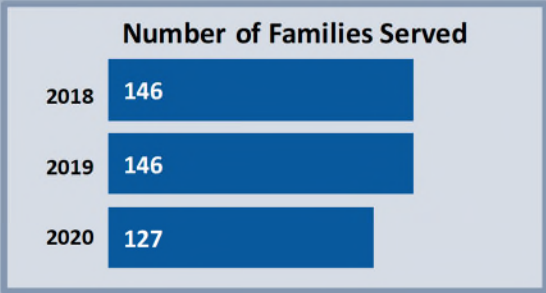
In FY20, the HFM staff made 2,246 home visits to 127 families. In addition, the Family Resource Specialists conducted 180 in-home assessments, linking families who could not be enrolled in HFM to alternative community resources. In addition to regular home visits, HFM offered bilingual group activities to reduce social isolation and 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 88% 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. 93% of families surveyed said that they are more confident they can do a good job raising their child because they are a part of HFM. Twenty "graduating" families were treated to a drive through celebration that took place on a Saturday. Families received a backpack filled with school supplies along with a "graduation cap" for the child, and parents received a small gift as well as a certificate. Staff made the event festive with decorations and cheered the family's success.

Our families are grateful that Healthy Families Montgomery (HFM) remains operational, considering one of the most unprecedented challenges ever faced. HFM offers comprehensive home visiting services to high-risk families in Montgomery County, Maryland. We successfully made the shift to virtual home visits and continue to adapt services to meet the needs of our families.



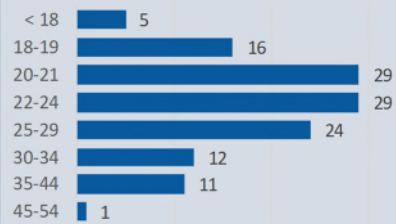
★ 30% of visits in 2020 were virtual (phone or video call)



Primary Caregiver



Age of Caregiver at First Visit



Race/Ethnicity

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

Primary Language

88% Spanish

6% English

6% Spanish & English



Of the Families Who Received Home Visits in 2020:



39 Families received their first home visit in 2020

18 Families had their first home visit prenatally

6 Families had their first home visit prenatally prior to 31 weeks gestation

Education	
Bachelor Degree or Higher	6%
Associate Degree	4%
Technical Training/Certificate	2%
Some College Training	15%
High School/GED	30%
Less than High School/GED	25%

*8% currently in HS, 2% of HS age not enrolled

*8% Unknown/did not report

Were First-time Parents	100%
Were Single Parents	76%
Had Fathers Involved in Visits	34%

Medical Insurance	
No Insurance	59%
Medicaid/SCHIP or Tri-care	27%
Private or Other Insurance	6%

*8% Unknown/did not report

Employment	
Employed full time	21%
Employed part-time	25%
Not employed	48%

*6% Unknown/did not report

Housing	
Live with parent or family member	52%
Rent/share rent of home	43%
Other housing, not homeless	4%
Own/share ownership of home	1%



Target Children

At Healthy Families Montgomery, half of the target children served in 2020 were 0 to 12 months old. Nearly all (96%) were eligible for Medicaid, and only 1 child had no insurance. 94% of children were immunized on schedule.



Of the Target Children Who Received Home Visits in 2020:

Were Low Birth Weight	2%	Had No Insurance	1%
Were Born Premature	3%	Had Medicaid/SCHIP or Tri-Care	91%
Were Developmentally Delayed	16%	Had Private or Other Insurance	4%
Were Medicaid Eligible	96%	Insurance Unknown	4%

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 88% 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 a private nonprofit serving approximately 13,000 individuals in Montgomery and Prince George's Counties each year. 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 the lifespan through integrated mental and physical health, social service, and education programs, thereby strengthening communities. FSI's staff, of more than 400, is very diverse representing 50 birth-origin countries and speaking 42 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 24 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 approximately the same. During FY20, 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 8% 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 FY20, 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 supports 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 and 2017, each time receiving consistently strong ratings in multiple program areas. HFM is accredited through March 2021.

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 24 (FY20)

	Goal	1Q	2Q	3Q	4Q	FY20
Goal I: Promote Preventive Health Care						
Children with a healthcare provider (for children who are at least two months old)	95%	100%	100%	99%	100%	100%
Eligible children enrolled in MA, including non-target children	95%	98%	100%	100%	100%	100%
Children with current immunizations	90%	100%	100%	100%	98%	100%
Mothers who have no additional birth within 2 years	90%	99%	99%	100%	99%	99%
Mothers who have completed postpartum care	85%	100%	89%	89%	100%	95%
Currently active mothers with a healthcare provider	95%	95%	95%	97%	99%	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% ^{1*} 102/102		100% ^{2*} 120/120		100%
^{1*} HFM receives aggregated reports from Child Welfare Services semiannually. Results are for second half of FY18. ^{2*} HFM receives aggregated reports from Child Welfare Services semiannually. Results are for first half of FY20						
Goal III. Optimize Child Development						
Children will demonstrate normal child functioning or receive appropriate services	95%	100%	100%	95%	100%	99%

	Goal	1Q	2Q	3Q	4Q	FY20
Goal IV. Promote Positive Parenting and Parent-Child Interaction Reported semi-annually						
Parents will have adequate knowledge of child development at 12 months	85%		92%		97%	95%
Parents having positive Parent-Child Interaction at 12 months	85%		85%		90%	88%
Parents' Knowledge of Child Safety	95%		100%		100%	100%
Goal V. Promote Family Self-Sufficiency Reported semi-annually						
Mother's Employment	65%		50%		41%	46%
Stable Housing	99%		98%		98%	98%

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 FY20. 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

"I believe the program is well implemented and I feel so safe and happy to see my daughter grow up."
(Participant Comment)

Surveys, in English and Spanish, were distributed to all active participants during home visits. In FY20, 72 participants returned the survey. Those who returned the survey range from less than 6 months in the program (22%) to over a year (61%).

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.

Program Staffing

IN FY20 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, and one staff member speaks French.

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/protective 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 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-three years. This year it was 0%.

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.