Healthy Families Montgomery

Program Year 30
July 2025 – June 2026 (FY26)

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

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EXECUTIVE SUMMARY

This year the program celebrated its 30th anniversary, making three decades of impact and service. The celebration brought together former staff, directors, managers, participants, leadership and key stakeholders to honor the program's legacy, recognize the contributions of those who have supported its success over the years, and celebrate the lasting relationships and achievements that have shaped its continue growth. Over the past 30 years, the program has served more than 5,000 families, completed over 60,000 home visits and more than 6,000 intake assessments, and employed 94 dedicated staff members whose commitment has been instrumental in the program's success and lasting impact on the community.

HFM program remained strong and positive. Families continue to receive services for three years. Emphasis is placed on health care, child development, parenting education and support, and family self-sufficiency.

Family engagement in parent groups has increased, even amid immigration concerns and uncertainties. Participation in our monthly parent groups continues to strengthen social connections and reduce isolation. Father involvement in home visits continues to grow, leading to greater engagement in our monthly parent groups.

In FY26, the HFM staff made 1,939 visits to 104 families. In addition, the Family Resource Specialists conducted 120 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.

This year's Family Satisfaction Survey reflects a high level of family satisfaction with HFM services. All participating families reported that they would recommend the program, and 100% indicated that they feel safe when receiving services from HFM. Families also reported strong relationships with their home visitors, with 96% stating that their home visitor respects and understands their family background, 98% indicating respect for their culture and beliefs, and 100% reporting that their parenting style is respected and understood.

Families reported significant benefits from their participation in Healthy Families Montgomery. 91% indicated that the program has increased their confidence in their ability to raise their child. In addition, all families reported improvements in at least one area of their lives since joining the program. The most commonly reported areas of improvement were problem-solving skills, patience with their child's behavior, understanding of child development and parenting, and the ability to recognize and respond to their child's cues.

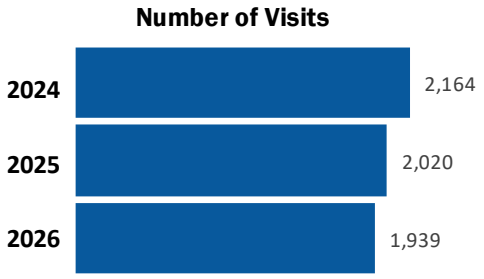
Healthy Families America®

Healthy Families Montgomery

Healthy Families Montgomery (HFM) offers comprehensive home visiting services to high -risk families in Montgomery County, Maryland. HFM served more families in FY 2026 (7/1/2025 - 6/30/2026) than the previous two years. Emphasis is placed on health care, child development, parenting education and support , and family self-sufficiency.

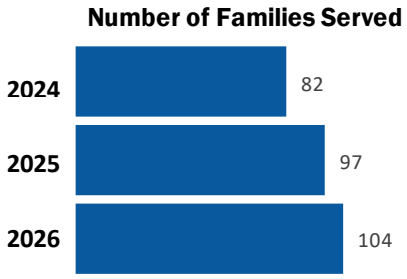
1,939

Visits completed in 2026



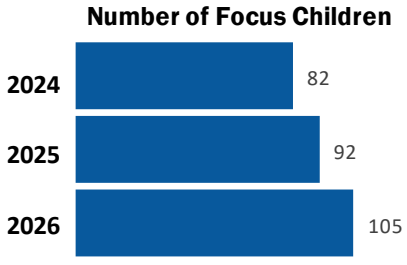
104

Families served in 2026



105

Focus Children in 2026



Primary Caregivers

HFM 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 FY26 were first time parents. Fathers attended 149 home visits. All of the families are Latino/Hispanic whose primary language is Spanish. All of the families served have a low income household.

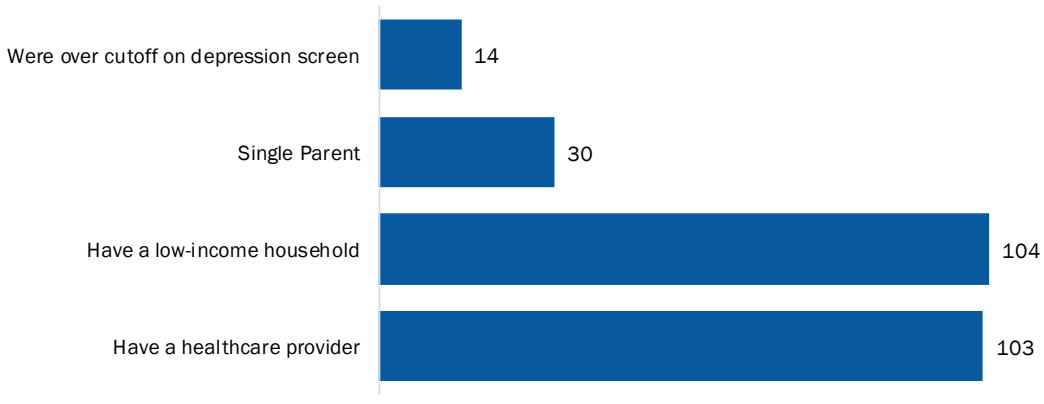
Age of Caregiver at First Home Visit:

Less than 18	18-19	20-21	22-24	25-29	30-34	35 or Older
1	**3**	**20**	**28**	**31**	**15**	**6**
1%	3%	19%	27%	30%	14%	6%

Race/Ethnicity		
104	Latino/Hispanic	100%

Primary Language		
94	Spanish	90%
10	English & Spanish	10%

Employment		
51	Not employed	49%
27	Employed part-time	26%
23	Employed full time	22%
3	Unknown	3%



Of the Families Who Received Home Visits in 2026:

32	Families received their first home visit in 2026
5	Families had their first home visit prenatally

Medical Insurance		
68	No Insurance	65%
35	Medicaid/MCHP	34%
1	Private or Other Insurance	1%

Number of Primary Caregivers Who

Were first-time parents	104
Were single parents	30

Housing		
96	Rent/share rent of home	92%
4	Live with parent or family member	4%
4	Own/share ownership of home	4%

Education		
40	High School/GED	38%
31	Less than High School/GED	30%
13	Bachelor Degree or Higher	13%
14	Some College Training	13%
6	Technical Training/Certificate	6%

Focus Children

At HFM, more than 50% of children served during FY26 were 2 years or older. Also, three (3) sets of twins were enrolled. 100% of children were immunized by age two. All children have medicaid, except two with private insurance.

Focus Child Age at Last Home Visit of 2026:

Prenatal	0 - 5 Months	6 - 11 Months	12 - 23 Months	24 - 35 Months	36 Months or More
2	**12**	**16**	**34**	**17**	**26**
2%	11%	15%	32%	16%	41%

Of the Focus Children Who Received Home Visits in 2026:

9	Were Born Premature	9%
6	Were Low Birth Weight	6%

103	Had Medicaid/MCHP	98%
2	Had Private or Other Insurance	2%

Workforce

HFM 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 cultural and ethnic composition of the target population. Currently, all direct service staff members are bilingual, as 100% of our families are Spanish speaking.

Direct Service Staff Race/Ethnicity

9	Latino/Hispanic	100%

Total Direct Service Staff

9 **FTE: 9.00**

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 30 years.

HFM has had a longstanding partnership with the Montgomery County Department of Health and Human Services (DHHS). Most referrals to HFM come from DHHS Silver Spring and Germantown Health Centers.

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 FY26, 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 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 FY26, 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 30 (FY26)

	Goal	1Q	2Q	3Q	4Q
Children with a healthcare provider (for children who are at least two months old)	95%	100%	100%	100%	99%
Eligible children enrolled in MA, including non-target children	95%	100%	100%	100%	98%

	Goal	1Q	2Q	3Q	4Q
Children with current immunizations	99%	97%	100%	97%	100%
Mothers who have no additional birth within 2 years	97%	100%	100%	100%	100%
Mothers who have completed postpartum care	85%	100%	100%	100%	100%
Currently active mothers with a healthcare provider	95%	95%	86%	86%	99%
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%		54%		48%
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 FY26. 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 FY26, 55 participants returned the survey. The respondents' tenure with the program as of 6/30/2026: 31% had been with the program for less than six months, 31% for six months to a year, and 38% for over a year.

Participant surveys continue to demonstrate high levels of satisfaction with HFM services. All participating families reported that they would recommend the program, and 100% indicated that they feel safe when receiving services from HFM. Families also reported strong relationships with their home visitors, with 96% stating that their home visitor respects and understands their family background, 98% indicating respect for their culture and beliefs, and 100% reporting that their parenting style is respected and understood.

Families reported significant benefits from their participation in Healthy Families Montgomery. 91% indicated that the program has increased their confidence in their ability to raise their child. In addition, all families reported improvements in at least one area of their lives since joining the program. The most commonly reported areas of improvement were problem-solving skills, patience with their child's behavior, understanding of child development and parenting, and the ability to recognize and respond to their child's cues. Families also reported strong engagement in the goal-setting process, with 100% indicating that they discussed goals with their home visitor and successfully worked toward and achieved those 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 enjoy and are satisfied with the program and their individuals needs are being met.

Program Staffing

In FY26 HFM employed 13 individuals. In total, there was 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.

HFM conducts an annual staff satisfaction survey to evaluate employee engagement and overall workplace satisfaction. Survey results consistently demonstrate that staff members are highly satisfied with their positions and the services they provide. Employees report that their work is meaningful and rewarding and that they make a positive difference in the lives of the children and families they serve. Survey findings also reflect a strong culture of support, recognition, and collaboration within the program. All staff reported feeling valued and appreciated by their supervisors and indicated that their contributions and accomplishments are acknowledged. In addition, all staff stated that they feel respected and appreciated by their colleagues, highlighting the positive teamwork and supportive relationships that contribute to a healthy and productive work environment.

SUMMARY AND FUTURE PLANS

Summary

For thirty 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 thirty 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 the past 30 years, Healthy Families Montgomery remains committed to continuous quality improvement and growth. We will actively pursue opportunities to expand our program capacity and reach, ensuring that more families in the community have access to the support and services they need to thrive.

- Continue to strengthen our data collection and analysis processes to support accurate reporting to funders and Healthy Families America, while using data to inform program planning, decision-making, and continuous quality improvement.

- Continue to strengthen our partnership with Montgomery County DHHS to effectively meet the evolving needs of diverse and at-risk families in our community.

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.